

California Medical Association

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Secretary and Associate Editor for California

THE YOSEMITE SESSION

The fifty-fourth meeting of the California Medical Association held at Yosemite Valley was a success from the viewpoint of the program presented and from that of the attraction of the meeting place. The total registration was 839, almost twice that in 1922. Few hotels bring the membership closer together fraternally than does the Yosemite Lodge, where only members of the California Medical Association and their families gather during the annual meeting.

Oakland, the home of our president, Edward N. Ewer, has been chosen as the place of meeting for the 1926 session.

Data about the annual meeting in Yosemite held on May 18 to 21, inclusive, could not be published in the June issue, as CALIFORNIA AND WESTERN MEDICINE went to press on May 20, prior to the close of the annual session. In this issue, therefore, are published the speeches of the president, president-elect, a full account of the Bunnell Memorial exercises, and the transactions of the House of Delegates. Because of the volume of material submitted, it is deemed wise to hold the minutes of the Council for the August issue. Certain Council action, however, should be brought to the attention of the membership early.

Clinical Prizes—As published in the December issue of this Journal, three prizes were established by the Council in November, 1924, in the sums of \$100, \$75, and \$50. After further consideration, it was felt by the Council that the amounts were too small and, therefore, at its last meeting the Council rescinded its former action and established two prizes for \$150 each—one for a paper on original research, and one for a paper on a clinical subject, to be competed for by members of the California Medical Association only. The competition will be so arranged that announcement of the prize winners can be made at the 1926 annual session to be held in Oakland. As soon as the committee has been appointed and the rules and regulations governing the competition formulated, full publicity will be given through the columns of CALIFORNIA AND WESTERN MEDICINE.

Preservation of the History of the California Medical Association—For some time the Council has felt that it is desirable to have a permanent committee to compile and keep up to date a full history of the organization, membership, and transactions of the California Medical Association, as the files and records prior to 1907 are very incomplete. At the Yosemite session the chairman of the Council was authorized to appoint such a committee. This is a most important function of the Association and it is hoped that any members who have

information on the subject will volunteer to collaborate with this committee.

Ownership of X-ray Plates—As many inquiries are constantly being received at the state office from doctors and hospitals, the general counsel was instructed by the executive committee to submit a form that would prevent question arising in either the minds of the patient or the doctor, hospital, or laboratory as to the exact status of x-ray plates. In compliance therewith the general counsel submitted a memorandum which was adopted in principle by the Council with the recommendation that it be formulated definitely for publication to the membership.

Certification and Recognition of Delegates at Annual Sessions—Much confusion and debate has always arisen at the annual sessions of the House of Delegates owing to the lack of definite rulings and regulations regarding the certification and recognition of delegates and their alternates. After much deliberation and consideration the Council has referred the matter to the executive committee with the recommendation that the proper amendments to the Constitution and By-Laws be prepared for consideration at the 1926 annual session, and that such amendments be made in accordance with the rules and regulations of the A. M. A. This means that only those delegates and alternates who are duly elected and officially certified to by their county society at least seven days prior to an annual session will be entitled to a seat in the House of Delegates.

Because of the non-attendance of so many delegates, the Council feels that "no delegate absent without notification to his county secretary or the state office should be considered eligible for representation the following year," and will recommend that this question be considered by the House of Delegates at its 1926 session, and that action be taken by that body along the lines quoted above.

DEDICATION OF MEMORIAL PLAQUE TO LAFAYETTE HOUGHTON BUNNELL, M.D.

Exercises held by the California Medical Association near Bridal Veil Meadow, Yosemite Valley, California, Tuesday, May 19, 1925, at 10:30 a. m.

The day was perfect. A gay company had assembled and formed themselves into a semi-circle, sitting on the greensward in a charming glade on the bank of the Merced opening into Bridal Veil Meadow.

The ceremony opened with what might have been a formal military salute, so well timed were the reports of a series of blasts from the road work near by.

Emmet Rixford, M. D., of San Francisco presided.

DOCTOR RIXFORD—I wish to call your attention to the completeness of arrangements made by Mr. Lewis, Superintendent of the Park, though he seems as surprised as any of us at this opening of the exercises with a military salute, as it were. One might almost imagine an aeroplane dropping bombs in the Valley to heighten the contrast of conditions of today with the mode of operations employed against the Yosemite Indians in 1851.

We are gathered here in this spot of wondrous beauty, with El Capitan towering aloft across the Valley and Yosemite Falls visible in the distance, to dedicate a tablet to the honor and memory of Doctor Lafayette Houghton Bunnell. I will tell you more about him later.

This site was chosen after much debate and many miles of running, and I know that all present will agree that it is not only a most beautiful spot, but is also most appropriate for a monument to Dr. Bunnell. Three sites were



Bunnell Memorial Exercises, Yosemite, May 19, 1925

considered—a spot near the foot of El Capitan, whose grandeur is a major theme in Doctor Bunnell's book; a second near the Royal Arches and Indian Cave, where several of the incidents of the stay in the Valley of the Mariposa Battalion took place and which had the advan-

tage of being more accessible to the public; and third, this secluded, but lovely spot.

Bunnell was not *the* discoverer of the Valley, but merely a member of the Mariposa Battalion, a company of thirty or forty, the first white men to enter it. His real distinction

lies in the fact that he suggested the name Yosemite Valley, and this little knoll leading out to the river beside the Bridal Veil Meadow is, as nearly as can be determined, the exact site of the first camp in the Valley of the Mariposa Battalion, and it was here that the name was suggested by Doctor Bunnell and adopted.

There is much that is indefinite in Doctor Bunnell's book, but the statements are clear that the first camp of the battalion was near the foot of the trail beside a meadow where the horses were staked out to graze. The company had Indian guides familiar with the best camping places, and we know that this very spot was an old Indian camp site because of the six or seven holes in the flat rock yonder where the Indian women ground their acorns. The identification was made by Mr. Lewis after carefully studying Bunnell's description with reference to the local topography.

Now for a brief history of the plaque. A committee was appointed two years ago, on the suggestion of Doctor Howard A. Kelly of Baltimore, that the medical profession erect a suitable memorial to this pioneer physician. The design by Mr. Paul J. Fair of the National Forest Service is of a grizzly bear representing the spirit of the Valley, standing erect in surprise and perhaps mixed emotions, viewing the entrance into his domain of the Caduceus, emblematic of the medical profession. Mr. Fair modeled the plaque with suitable inscription in honor of Doctor Bunnell, and Mr. Fred Storey cast the plaque in bronze.

The design was approved by Mr. Stephen T. Mather, Director of the National Park Service, after it had been passed upon by Mr. Daniel R. Hull of Los Angeles, landscape architect, and permission was given for the California Medical Association to place such a memorial plaque on some boulder at a suitable site in the Valley.

The plaque is to be mounted in permanent fashion on the flat side of the great boulder next the river, six feet or so above the ground.

The president of the California Medical Association, Doctor Granville MacGowan of Los Angeles, will now make formal dedication of the plaque.

DR. MACGOWAN—Fellow-members of the California Medical Association: As a learned society we are gathered together here in this, one of earth's most impressive spots, which had it been within the ken of the ancient Greeks would well, instead of Olympus, have been chosen as the home of the gods. Here are, within the reach of the senses, all of the attributes of nature, which cultured man without the belief of a sole sublime ruler might well with reason worship. The echoes of the voices of the waters and winds continuously surround us; soothe the traveler and lull him into oblivion; the wondrous groves spread mystery; the towering cliffs of ice-ground granite portray the hidden powers of might and strength; the lush meadows carpeted with delicate and tender flowers springing out from the concealment of the rich growing grasses reveal the protecting and sustaining powers of our mother earth. And all this majesty which we so admire and view with reverence had been, until a little less than three-quarters of a century ago, entirely concealed from the knowledge of the men who for thousands of years alternately created and destroyed civilizations growing out of the mental needs and ambitions of the white race.

Until 1851 no pale face had set foot upon the Valley floor. It had for all this time, within the memory of aboriginal man, been the abiding place and inheritance of a tribe mean of spirit and base of blood which was the scourge of the neighboring Indians and the terror of the haciendas of the plains. They absorbed no Godlike spirit from their environment. So secure felt they in their mountain fastness that when the work of the white men seeking for gold along the Valley of the Merced, the traces of whose activities may yet be seen, approached too close to the Valley gates, their dissembling chief, old Teneiya, picketed their work like a modern walking delegate and drove off the laboring force of Mission Indians who feared the Grizzlies, raided the stock, and refused parley with the commissioners of the government of the United States and defiantly brought about a state of war. It was then that the volunteer battalion formed in and about Mariposa, commanded by Major Savage, an Indian trader and commissioned by the then Governor of Cali-

fornia—MacDougal—was authorized and instructed to pursue these Indians and bring them into camp. One of these volunteers was a young man of 29, Lafayette Houghton Bunnell, the son of a Detroit doctor, who had received a partial medical education and had served at the beginning of the Mexican War as a hospital steward and later as a doctor. Young Bunnell was in the great adventure in California to seek his fortune in the gold mines. He attached himself to the military expedition through worship of the grandeur of mountain scenery, and a laudable curiosity to become further acquainted with the immense cliff, El Capitan, that he had seen from the old Bear Valley trail on the Merced River, looming in the Sierras.

A time of storm and heavy snow was chosen by the astute commander to approach the Valley through the totally unknown byway of the Mariposa trail. The surprise to the Indians was complete, and the expedition entirely successful. That night at the campfire, Bunnell, who was a devout nature lover and believer in America and American things and of a lyric spirit, proposed to those volunteer soldiers to name the Valley and presented to them the old Indian name by which the outlaw tribe was known to their neighbors surrounding them—The Grizzlies, Yosemite, the Terrible Bandits, of whom all were in fear. He wanted a true local name for the wondrous geographical basin that they had discovered. It received its baptism by the unanimous viva voce vote of the conquerors.

Bunnell did not remain in California nor did he practice medicine here, but returned to his old home in La Crosse, Wisconsin, where he enlisted in the United States Army, and was appointed a hospital steward and served during the entire Civil War, being promoted to assistant surgeon, and when he mustered out in July, 1865, had a commission as a surgeon, having in the meantime obtained a diploma in 1864 from an ephemeral institution in his own town—the La Crosse Medical College; his matriculation and class courses in the School of Hard Knocks and Internship in Camp Necessity justified the degree.

Later in life (he died in 1903) he wrote a most interesting book upon "The Discovery of Yosemite and the Indian War of 1851," which I would recommend now for any of you who are interested in tales of Indian warfare to read, because it is wonderfully descriptive of the early days of California and portrays the character of the man.

The California Medical Association has desired to keep alive the memory of this gentle, inconspicuous but honorable brother, and for this purpose we are here in the heart of the great Sierras dedicating this plaque, commemorating Doctor Lafayette Houghton Bunnell.

As appropriate I ask you all to rise, raise your left hands, repeating after me the 11 o'clock toast of a great benevolent organization to which many of us belong and which bears the name of the noblest of the denizens of this valley at the time it was discovered, "Cervus Alsus," To our absent brother.

DOCTOR RIXFORD—Mr. W. B. Lewis, Superintendent of Yosemite National Park, has given the committee the fullest co-operation and invaluable assistance. Aside from his official position, Mr. Lewis has always taken great personal interest in Yosemite Valley, and is a friend and often a friend in need of those who would enjoy the scenery of this world's most beautiful valley. Mr. Lewis will speak as representative of the National Park Service.

MR. LEWIS—Ladies and Gentlemen: I saw my name on the program for an address. Please do not look for one; it is not my business. I would like, however, to make an observation or two, and extend to you a hearty greeting from the National Park Service and Yosemite National Park, and also to extend to the California Medical Association the appreciation of the Park Service for doing this thing.

I think it is great to perpetuate things of historical interest. The old-timers are fast passing away, and each day we lose something of the early history of the Valley. It is only now that we are picking up threads and marking old sites. I think it is a wonderful thing to mark this place as the first camp of the white race in the Valley.

In thinking of that expedition of the Mariposa Battalion into the Valley, one cannot but compare conditions with

those of the present. I was thinking yesterday, with the roads in bad condition as a result of recent storms, that many of you on your way to the Valley felt you were undergoing severe hardships and probably criticized the Government for not having spent more money on the roads and Mr. Ford for not having put in better upholstery, and couldn't but wonder what Bunnell and his party had to criticize for the conditions then found.

Out of a camp of forty or fifty men it seems only Bunnell had an appreciation of the Valley and its grandeur. The rest were more occupied with hard service and work, and the idea of pursuing and catching the Indian. Bunnell was the only one who took time to show appreciation for wonders of the Valley and to make notes, and in later years to write a very good book of the expedition.

I do not know if Dr. Bunnell was a surgeon or not, but I am inclined to believe he was. Surgeons get great enjoyment out of exploring around incisions, and Yosemite Valley might well be thought of as an incision in the body of Mother Earth, hence, it would seem that only a surgeon would get the enjoyment out of exploring its depths as did Bunnell.

As a result of his interest in and study of Yosemite Valley during the limited time he was here, the wonders of the Valley became known to the world, but it is doubtful if he even imagined that in the relatively short time that has elapsed since that time, it would come to be known as one of the major scenic attractions of the world visited annually by thousands of people from our own and every other country of the world.

The route of the Mariposa Battalion into and through the Valley can be quite clearly defined. Coming from what is now Wawona on the south fork of the Merced River, they entered the Valley by the old Indian trail leading down from Old Inspiration Point, arriving in the Valley and camping on this site on the night of March 21, 1851. The following morning they crossed the river just below here, at what is known now as Valley View, and ascended the north side of the Valley for some distance, probably as far as Indian Creek, where the party split and scouting parties were sent out, one going up as far as Mirror Lake, one to the top of Vernal Falls, and back down the south side of the Valley to the Cathedral Rocks. By prearrangement they met again near the mouth of Indian Canyon in the evening, and camped there for the night. The following day they returned to Wawona by the same route followed on their incoming march. When it is remembered that all this was done in three days in the month of March, when the entire country they covered was well blanketed with snow, we must not fail to give that group of mountaineers the credit due them. Only the hardest of men, thoroughly inspired with a sense of duty, would undertake and complete in that limited time such a hazardous journey.

It is, therefore, right and proper that this site be of record, not only in appreciation of Bunnell, but as the most important historical spot in the Valley.

Again let me extend the greetings of the Park Service and its full appreciation of the efforts of the California Medical Association in establishing this memorial in honor of the discoverer of Yosemite Valley.

DOCTOR RIXFORD: It seemed to the committee that it would be most appropriate on this occasion to have set forth something of the history of early exploration in the Yosemite region and the origin of the name. None is so well versed in this matter as Mr. Francis P. Farquhar of San Francisco, who has gathered together a great mass of material on the history of man's coming into the Sierra. Mr. Farquhar will speak as a representative of the Sierra Club.

MR. FARQUHAR—Members of the Medical Profession and Friends of Yosemite: Doctor Rixford has asked me to give you something of the historical background in order to bring out more vividly the significance of the expedition of 1851, when Bunnell came to Yosemite Valley as a member of the first party of white men to set foot here.

It may seem strange that this remarkable spot was so long unknown, but it should be remembered that scenery was not a prime objective among the early visitors to California. Mountains were a barrier and not an attraction. The Spanish occupation was confined to the coast for many years, and, excepting for attempts to reach the

coast from the settlements in Mexico by way of the lower Colorado River, little was known of the interior of California. In 1776 Father Garcés entered the San Joaquin Valley and visited many Indian rancherias along the river. He did not ascend into the mountains, however, although his visit did fix the name of Sierra Nevada upon its present location. Formerly it had been rather vaguely assigned to the mountains along the coast. Early in the nineteenth century other visits to the San Joaquin Valley were made both by soldiers and priests, but without increasing the knowledge of the Sierra.

It was not until the coming of the American and British trappers that a real interest in the interior became manifest. In the winter of 1826-27 Jedediah S. Smith, one of the greatest of American fur traders, entered California from Utah and crossed the Tehachapi into the San Joaquin Valley. In May, 1827, he crossed the Sierra Nevada and returned to Great Salt Lake. He was undoubtedly the first white man to cross the Sierra, but it is reasonably certain that he did not see Yosemite.

In 1833, Joseph Reddeford Walker left the Bonneville expedition in the Rocky Mountains and came West from Great Salt Lake to explore for new beaver streams. With a large party, he came down the Humboldt River (then known as Marys or Ogdens River), and crossed the Sierra by a route that brought him along the plateau between the Tuolumne and Merced Rivers. A young man named Zenas Leonard, who was clerk of the expedition, published his journal in 1839 in Clearfield, Pennsylvania; and in that publication occur the following words, which constitute unquestionably the first printed description of Yosemite Valley:

"We traveled a few miles every day, still on the top of the mountain, and our course continually obstructed with snow hills and rocks. Here we began to encounter in our path many small streams which would shoot out from under these high snow-banks, and after running a short distance in deep chasms, which they have through ages cut in the rocks, precipitate themselves from one lofty precipice to another, until they are exhausted in rain below. Some of these precipices appeared to us to be more than a mile high. Some of the men thought that if we could succeed in descending one of these precipices to the bottom, we might thus work our way into the valley below, but on making several attempts we found it utterly impossible for a man to descend, to say nothing of our horses. We were then obliged to keep along the top of the dividing ridge between two of these chasms which seemed to lead pretty near in the direction we were going—which was west—in passing over the mountain, supposing it to run north and south."

Following this expedition of Walker in 1833, no record appears of any white men visiting the upper Merced until the mining excitement, although many parties crossed the Sierra to the north and a few penetrated the range farther south. Even the Forty-niners found no attraction in the granite walls of the canyon, guessing correctly that no gold lay therein. Their activities were in the lower courses of the river and in the tributaries on either side. In this lower part of the Sierra, just above the foothills, they came in contact with the mountain Indians, and of the resultant raids and punitive expeditions you have already been told.

The story of the Mariposa Battalion and the expedition that led to the real discovery of Yosemite is best known through the book published many years later by Lafayette H. Bunnell. There are a few other sources of information, however, and these corroborate Bunnell in almost all essential particulars. Dr. Ralph S. Kuykendall has written a very interesting monograph on this subject, based on contemporary accounts supplemented by Bunnell and by other records. It has been reprinted by the National Park Service as a small pamphlet, and appears in substantially the same form in "The Handbook of Yosemite," edited by Ansel F. Hall.

To Bunnell belongs the honor of naming the Yosemite Valley. He wisely selected an Indian name and proposed it to his fellows of the battalion, who adopted it. A few years later James M. Hutchings questioned the spelling and endeavored to substitute "Yo Hamite." It is given in this form on the first pictorial representation of a Yosemite scene ever published, a lithograph of the falls in 1855. Hutchings maintained that his form was the true sound of the Indian name for grizzly bear. Bunnell's

form had the priority, however, and soon became indelibly written in the annals of the Valley. Later studies by Dr. C. Hart Merriam throw light upon the question, showing that the word for grizzly bear among the tribe that actually inhabited the Valley was more nearly as Hutchings gave it, being *Oo-hoo-ma-te* or *O-ham-i-te*, while the tribe next north of the Valley called it *Oo-soo-ma-te*.

For several years after the discovery of Yosemite Valley in 1851, only a few people visited it. In 1852, two mining prospectors were killed by Indians near the foot of Bridal Veil Falls. A punitive expedition of United States troops under Lieutenant Tredwell Moore entered the Valley, executed five of the Indians and pursued others across the mountains by Tenaya Lake and Bloody Canyon to Mono Lake. Gold was found on the eastern side of the range, and the news spread among the Fresno River camps. A party of miners, among whom was a man named Leroy Vining, visited the Mono region. Lee-vining Canyon was named at this time. James Caper Adams, the great grizzly bear hunter, camped just north of Yosemite in 1852 and visited the Valley in 1854.

The tourist history of Yosemite began in 1855 with the visit of James M. Hutchings and a small party. They were enthusiastic over the falls and cliffs and made these wonders widely known. In 1863 and 1864 the California State Geological Survey, under Josiah Dwight Whitney, explored Yosemite and the Tuolumne Meadows. Largely upon the recommendation of the Survey, the Valley was set aside by Congress "for public use, resort, and recreation," under the trusteeship of the state of California. The Valley remained under state administration until 1906, when it was consolidated with the Yosemite National Park, which had been constituted in 1890 from the surrounding territory, and has since then been under federal jurisdiction.

There is a great deal of interesting literature on the history of Yosemite which you can best learn about by inquiring at the Museum. The Park naturalist will be glad to show the books or give you references to them. The Government publications giving information about the Park can be had there or by writing to the National Park Service, Department of the Interior, at Washington.

DOCTOR RIXFORD—In dedicating this plaque to Doctor Lafayette Houghton Bunnell we must not forget the debt we owe to Doctor Howard A. Kelly of Baltimore, whose inspiration it was that gave birth to the idea of the medical profession commemorating in some fitting way the pioneering activities of Doctor Bunnell. Doctor Kelly learned that the grave of Doctor Bunnell in Winona, Minnesota, is unmarked, save for a G. A. R. emblem, and started a subscription list for a suitable monument for this "real medical pioneer." Moreover, Doctor Kelly contributed \$50 towards defraying the expense of placing this plaque in Yosemite Valley, in memory of Doctor Bunnell, who "alone of the little group that entered on a punitive expedition went eager and thrilled with the zest of discovery. He fully appreciated the opportunity, and was filled with mystery. His companions were impassive and unimpressed, while he was exulting in the glories that unfolded before them; he became its baptismal sponsor and gave the Valley its euphonious name and later wrote about it in a never failing spirit of enthusiasm. For these reasons we claim that Doctor Lafayette Houghton Bunnell was the true discoverer about March 21, 1851."

Doctor Kelly was not aware that the date of entry of the Mariposa Battalion has been accurately fixed as March 25, 1851, as Bunnell himself was uncertain of the date. We have no knowledge of the circumstances which led Doctor Bunnell to write his book, "Discovery of Yosemite Valley and the Indian War of 1851 Which Led to That Event," but much of the vagueness of his description is doubtless explained by the fact that the book was written some thirty years later and after the Valley had become famous through the published writings of J. M. Hutchings.

Doctor Kelly became interested in Doctor Bunnell in a roundabout way through a letter published in the Medical Record, November 23, 1915, from Doctor H. S. W. Barnes of Santa Ana, California, calling attention to the regrettable omission of the name of Doctor Bunnell from an article in the issue of October 26 by Doctor William Browning, entitled "Some of Our Medical Explorers and

Adventurers." By dint of much correspondence, Doctor Kelly finally secured and pieced together many items concerning the life of Doctor Bunnell, in addition to Bunnell's own published writings. His book on Yosemite, Doctor Barnes calls a "frontier classic," and his later volume, "Winona and Its Environs on the Mississippi in Ancient and Modern Days," is described as "a mine of Indian lore."

Doctor Kelly published the results of his search in *Annals of Medical History*, October, 1921, and this article is our principal source of information about Doctor Bunnell.

Bunnell was called *Doctor* because of his knowledge of medicine, but he had no diploma till long after his sojourn in California, when the La Crosse Medical College in 1864 gave him a diploma ("honorary"). The diploma issued by the college in the Republic of Wisconsin is preserved, and is in possession of the Minnesota Historical Society.

Born in Rochester, New York, November 2, 1824; his father a practicing physician, his mother a member of a distinguished family, Houghton by name, Bunnell spent most of his formative years in Detroit. Later, in La Crosse he attended clinics in the La Crosse Medical School, very much against his will. He was not interested in medicine. His was too much a roving disposition to settle down as a country doctor or even to make much of a success of business. But with scant systematic training his knowledge of medicine, derived largely by sheer observation and absorption from the medical atmosphere of his father's home, simply had to be drawn on for the benefit of his fellows who, as in the mining days of California, were often far out of reach of trained physicians. He was peculiarly and emphatically "médecin malgré lui."

In the second visit of the Mariposa Battalion to Yosemite, Bunnell had something of a medical equipment with him and received extra pay as surgeon to the expedition.

Bunnell served in the Mexican War in 1845 and in the Civil War as a hospital steward, and after he received his diploma was appointed first assistant surgeon, then surgeon, on his enlistment in the Thirty-sixth Wisconsin Infantry Volunteers.

Thus Bunnell was a veteran of three wars, in all of which his knowledge of medicine secured for him unusual opportunities and responsible positions.

He died July 21, 1903, at Homer, Minnesota, at the age of 79, and is buried at Woodlawn Cemetery, Winona.

Thus passed a strong man, whose life was an epitome of pioneering and adventure—the type of man who gave to California its peculiar character and romance—a type that did a great work and has passed on, and leaves one to wonder whether the inevitable huddling of humanity into great cities will, notwithstanding their vastly greater educational facilities, develop men of character which will ring as true.

MINUTES OF THE HOUSE OF DELEGATES, FIFTY-FOURTH ANNUAL SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION.

FIRST SESSION

Held in the Tent, Yosemite Lodge, Yosemite National Park, California, Monday, May 13, 1925, at 8 p. m.

Call to Order—The meeting was called to order by the President, Granville MacGowan of Los Angeles.

Roll-Call—The secretary called the roll; forty-five (45) delegates were seated, and the president declared a quorum present.

Report of the President—The president, Granville MacGowan, stated that, as his report had been read in full to the association at the First General Session, he would therefore rule that no further report was necessary.

Report of the Council—James H. Parkinson of Sacramento, chairman of the Council, submitted the following report:

Doctor B. F. Keene—At the meeting of 1924, the report of the special committee on restoration of the grave of Doctor B. F. Keene, the first president of the society,

giving details as to specifications and costs of this work was received. The report was adopted and the committee continued with instructions to carry the work to completion. This has now been done and a brief sketch with an illustration appeared in the May number of CALIFORNIA AND WESTERN MEDICINE. It is impossible to read the minutes of the second annual meeting of the Medical Society of the State of California, February 11, 1857, or the obituary and resolutions appearing in the California State Medical Journal, October, 1856, and fail to realize that this, our first president, was of the highest type as man, physician and citizen. "A short biographical sketch," by Doctor Obed Harvey, then of Placerville, but later of Sacramento, whom several members of this society now living will recall, states that: "Four years he represented the County of El Dorado in the Senate of the State * * * * and had his life been spared one day longer he would again have been chosen." Of all that has been written, perhaps nothing better expresses the man as the true physician than this, probably from the pen of Doctor John F. Morse: "Although of a serious and grave cast of character; yet his heart seemed warmed towards his fellow-beings with a benevolence and confidence unmarred by suspicion and unaffected by the admonitions of experience." It is better that we depart hence while yet useful so that we be missed as well as regretted.

Bunnell Memorial

The special Committee on the Bunnell Memorial has, with the permission of Mr. Stephen T. Mather, placed a bronze plaque on a large boulder at the site of the first camp in the Valley of the Mariposa Battalion with the following inscription: "Commemorating Doctor Lafayette Houghton Bunnell, one of the first party of white men to enter the Yosemite Valley in March, 1851—he proposed the name Yosemite and was the first to proclaim its beauty and wonders to the world."

The plaque was designed by Mr. Paul Fair of Berkeley and fittingly depicts the grizzly (Yosemite), surprised at the entrance of the Caduceus, symbolizing the physician, into his native haunts. Doctor Bunnell, who had served in the Mexican War, was a member of the Mariposa Battalion organized January 18, 1851, as mounted infantry. This troop entered the valley by the "old Mariposa trail," and encamped near the meadow, now known as "Bridal Veil," on the south side of the Merced River and below the Bridal Veil falls. The plaque will be dedicated by the Society on Tuesday, May 19, at 10 a. m.

Meetings

The Council has held three regular meetings during the year; the daily sessions during the annual meeting not included. Two open meetings were held in connection with Industrial Medicine: one in Long Beach and one in San Francisco.

The Executive Committee has held nine meetings with an average attendance of six members out of eight.

Office of the Association

The office continues to function in a most satisfactory manner. The business of the association is conducted, apparently, with satisfaction to all who have come in contact with the staff.

It seems best to include in this report and to present each year certain tabulations which more graphically indicate conditions than is possible by any description. The following table shows the growth of the society for the ten-year period—1915 to 1924, inclusive, as of December 31.

Year..... 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924
Member-ship..... 2557 2602 2699 2534 2496 3136 3484 3666 3809 3945

The Journal

California and Western Medicine continues to improve by the addition of special features and by a higher literary standard, which has been made possible by rigid selection from the abundance of material offered. To publish even the good papers that come to the office would make each issue an unwieldy volume. The request of the editor for an editorial reference committee was approved by the Executive Committee, and it is hoped by careful consideration to present, monthly, the

best in medicine from the Pacific States. Doctor Musgrave, who has made these improvements possible, continues to serve without remuneration.

The following is a recapitulation of Journal conditions from 1918 to 1924, inclusive:

Year	Yearly Pages Reading	Yearly Pages Advertising	Yearly Pages Dues	\$2 C. M. A.	Miscellaneous Receipts	Disbursements	Yearly Profit	Yearly Loss
1918	540	552			\$ 9,468.76	\$10,908.57	\$	\$1,439.81
1919	446	576			11,011.99	11,472.89		460.90
1920	430	624			14,015.41	13,561.96	453.45	
1921	492	720			15,917.82	19,614.10		3,696.28
1922	468	768			20,933.40	22,791.29		3,874.30
1923	542	816			23,200.37	28,997.49	2,014.88	1,857.89
1924	720	816		\$7,812				

Medical Defense

Medical Defense by the society ceased as of June 30, 1924. In order to keep before the society the imminent peril of damage suits, a condensed recapitulation of the medical defense feature for the years 1917 to 1924, inclusive, is here given:

Year	1917	1918	1919	1920	1921	1922	1923	1924	8 Yrs.
Claims (threatened suits disposed of out of court)	44	28	22	17	23	28	24	19	205
Cases (disposed of by court proceedings)	22	17	12	17	17	7	13	22	127

The following is a statement for the year 1925 as of May 1.

	Defense Only	I. D. Fund
Claims (threatened suits) pending and undisposed of	6	8
Cases pending and undisposed of	23	35
Claims (threatened suits) disposed of out of court, 1925	0	0
Cases disposed of in 1925	11	4

Financial Condition of the Association

The financial condition of the society is sound. Even with the substantial sum of \$7,812 credited to the Journal in accordance with the postal laws, the treasury shows a cash balance of \$19,040.11 as of December 31, 1924. The books and accounts of the society were audited by Lester Herrick & Herrick, and according to their report on file were found correct. All claims are audited by the auditing committee, the bills being approved by that member of the staff responsible for them. The voucher is then approved by the secretary, signed by the auditing committee and countersigned by the chairman of the council and the secretary.

Annual Assessment

In view of our continued responsibility in connection with medical defense as well as other contingencies, it is recommended that the annual assessment be fixed at \$10.

The following is a recapitulation in condensed form of the finances of the society from 1918 to 1924, inclusive, as of December 31 of each year.

RECEIPTS OF ASSOCIATION

Year	Amt. Dues	No. of Mem- bers	Society Dues	Journal Earnings	Misc. C. M. A.	Total Receipts
1918	\$ 7	2534	\$18,157.00	\$ 9,468.76	\$3,019.08	\$30,644.84
1919	7	2496	17,262.00	11,011.99	681.36	28,955.35
1920	7	3136	21,782.25	14,015.41	909.29	36,706.95
1921	8	3484	24,104.50	15,917.82	1,006.57	41,028.89
1922	8	3666	29,000.50	18,202.91	795.26	47,998.67
1923	10	3809	37,594.00	20,933.40	1,421.69	59,949.09
			Net			
			31,346.00			
1924	10	3945	Credit Journal 7,812.00	23,200.37	875.86	63,234.73

DISBURSEMENTS

Year	C. M. A. General Expense	Journal	Legal	Total	Cash On Hand Dec. 31.
1918	\$6,820.85	\$10,908.57	\$ 9,372.73	\$27,102.15	\$ 5,095.95
1919	6,543.22	11,472.89	9,294.36	27,310.47	6,740.83
1920	8,531.68	13,561.96	9,784.23	31,877.87	11,469.91
1921	9,018.28	19,614.10	17,839.82	46,472.20	6,126.60
1922	6,808.86	21,877.21	21,425.19	50,111.26	4,219.01
1923	4,543.57	22,791.29	22,243.42	49,578.28	14,589.82
1924	7,390.64	28,997.49	22,396.31	58,784.44	19,040.11

Optional Medical Defense

Optional Medical Defense inaugurated by the Council under instructions from the House of Delegates, went into effect July 1, 1924, for 168 members; on May 1, 1925, the number of subscribing members was 464. This, while most gratifying in every way, is not sufficient as a self-sustaining organization on the present financial basis. There should be at least 1000 members to afford a reasonable margin of safety. Until quite recently, no member has been sued. Three suits, however, have been filed during the present month and it is inevitable that others will follow. The former name of the society has been secured and perpetuated in the new organization.

Financial Impositions Upon the Profession

The committee appointed by the Council last year has shown commendable activity in an effort to obtain for the profession simple justice in the matter of these impositions.

Federal Income Tax—The bill amends Section 214 of Revenue Act of 1924 relating to deductions in computing net income by adding the words "or profession, or in attending professional conventions of the profession of which the taxpayer is a member." It will be recognized that this includes all professions. The Council has instructed the secretary to communicate with other professional organizations, and with all State societies and with the A. M. A. to ensure co-operation and general support.

Harrison Narcotic Tax—"Through the initiative of the American Medical Association, a bill was introduced in the 67th Congress, providing for the abolition of the war tax under the Harrison Narcotic Act, and its re-establishment on a peace basis."

Two Dollar Annual Tax—This has been under consideration by the Council and at the 144th meeting the League was authorized to introduce a bill repealing the \$2 license tax and at the 74th meeting of the Executive Committee all action to repeal was deferred. What it actually means in real money to the members of the society is fairly well shown by the following table. It is assumed that the tax went into effect as of January, 1918. The membership of the society as of January 1, 1918, has been taken for that and succeeding years. On this basis a total of \$46,140 has been paid by our members.

Year	No. of Members	Tax	Real Money
1918	2534	\$2.00	\$ 5,068.00
1919	2496	2.00	4,992.00
1920	3136	2.00	6,272.00
1921	3484	2.00	6,968.00
1922	3666	2.00	7,332.00
1923	3809	2.00	7,618.00
1924	3945	2.00	7,890.00
Total to date.....			\$46,140.00

Proposed Amendments to Constitution and By-Laws

The attention of the Council was called to various conflicts between the constitution and by-laws and between the by-laws and council rulings. To harmonize the conflicting sections the necessary amendments have been submitted for consideration at this meeting. The principal change omits the controversial words "sciences allied to medicine" and keeps the California Medical Association limited in membership to Doctors of Medicine only. Associate members will be physicians who are engaged in research work or who hold federal positions, unlicensed to practice medicine in California, and hence ineligible to active membership. The requirements necessary for eligibility to office in the society are also more clearly defined in the proposed amendments, which are published on page 896 of this issue of CALIFORNIA AND WESTERN MEDICINE.

Medical Officers' Reserve Corps

At the request of the Surgeon General, U. S. Army, the Council has appointed a statewide committee of fifteen on this subject, with Doctor John Wilson Shiels as chairman. The purpose of this committee is to aid in building up a medical officers' reserve corps under

the general scheme of defense as devised and inaugurated by the War Department. The ultimate strength of the corps has been placed at 40,000. At this date 10,000 medical officers have enrolled. The Surgeon General will advise with the various state committees in classifying members in their respective states under the particular groups in which they are best qualified to function. In this way, it is hoped to avoid the mistakes that were inevitable, though most unfortunate for all concerned, during the World War. The committee will also serve as a point of contact between the army and medical profession, and as a means of communication between the Surgeon General and the California Medical Association. The chairman of the committee will present a report to the General Session Monday, May 18, 1925.

Industrial Medical Practice

At the 53rd Annual Session held in Los Angeles, May, 1924, the Council authorized the appointment of a statewide committee of 15 to investigate and report upon all phases of Industrial Medical Practice. This committee was organized into three regional groups, with Doctor Sol Hyman of San Francisco as general chairman of the committee. The committee held a conference with the Industrial Accident Commission on December 18, 1924, to discuss the new fee schedule contemplated by the Commission, and succeeded in deferring action in this matter. Two open meetings were held with the Council by this committee to discuss the progress made and to outline contemplated activities. On May 5, 1925, a post-card questionnaire was mailed by the committee to all members of the California Medical Association to ascertain those interested in industrial medicine. A formal report will be made by the chairman of this committee to the House of Delegates Monday, May 18, 1925.

Clinical Prizes

At the 148th meeting of the Council held in November, 1924, three clinical prizes were established to be competed for at the 1925 State Meeting as follows: First prize, \$100; second prize, \$75, and third prize, \$50. The chair was authorized to appoint a committee of three to formulate the necessary regulations governing such awards. It was evident that the time was too short for competition in 1925, so no further action was taken. At a meeting of the Council held May 17, this action was rescinded and the recommendation made that two prizes only be offered of \$150 each; one for original research and one for a clinical subject. If this be approved, the committee will be appointed.

History of the California Medical Association

At the 150th meeting of the Council held in February, 1925, the question of appointing a permanent committee on "Preservation of the History of the California Medical Association" was considered, and the chair was authorized to appoint such committee of from three to five members to include himself. This committee has not yet been appointed. The Council will endeavor to find men with the necessary knowledge.

Medical Radio Broadcasting

The possibilities of abuse in Medical Radio Broadcasting are so great and the need of some general rules for the guidance of our membership seemed so imperative that the Council appointed a committee to consider the question and to report. This committee, consisting of George H. Kress, chairman; Walter B. Coffey, Edward N. Ewer, Morton R. Gibbons and Granville MacGowan, submitted in February last a general report on the subject with the following specific recommendation:

"Your State Society Committee, therefore, recommends that each county unit be requested to provide for the appointment of a sub-committee on Medical Radio Broadcasting, this committee to consist of three to five members, according to the wishes of the county members; and the principles laid down in this report be carried out as fully as can be done according to the local environment."

The report was approved by the Council at its 150th

meeting, and has been transmitted to the component societies.

Prenatal Care

At the 53rd Annual Session held in May, 1924, the Council considered a series of letters then being sent out by the State Board of Health under the Shepard-Towner Act. After a conference with Doctor George E. Ebricht, president, and Doctor Ellen S. Stadtmuller, director of Child Hygiene of the State Board of Health, a committee was appointed with Doctor Reginald Knight Smith of San Francisco as chairman, to formulate a pamphlet comprising the changes desired by the Council and the membership. The personnel of Doctor Smith's committee was selected from among the obstetricians and pediatricians of the State. The first draft of the proposed pamphlet was submitted to the Council at its February, 1925, meeting, and was deemed of such importance that it was mimeographed and mailed to each member of the Council for more careful consideration and recommendations. Copies were also mailed to obstetricians and pediatricians throughout the State for comment. The returned comments have been forwarded to the committee and a final report will be made at the General Session, Monday, May 18, 1925.

National Board of Medical Examiners

The recognition of the National Board of Medical Examiners by the California State Board of Medical Examiners is under consideration and is favored by the State Board. The matter is being taken up with the Attorney General.

Income Tax Deductions

Having heard the report of the President and of the General Counsel as to action taken with regard to the proposed amendment to the present Income Tax Act, the Council commends the action of the committee in the course adopted.

Permanent Convention Headquarters

The Council having heard the report of Doctor Harlan Shoemaker, chairman of the committee on Permanent Convention Headquarters, recommends that the thanks of the society be extended to the committee for the very large amount of work it has done, and that the committee be continued.

Appointment of Reference Committee—The president appointed as members of the Reference Committee Harlan Shoemaker of Los Angeles, chairman; O. D. Hamlin of Oakland and Fred R. Fairchild of Woodland.

Report of Auditing Committee—Morton R. Gibbons of San Francisco, acting chairman of the Auditing Committee, stated that the books of the association had been audited by Lester Herrick & Herrick of San Francisco, certified public accountants, who certified that all accounts for the year 1924 were correct. He then read the items of total receipts and disbursements for the year, and stated that the reports of the auditors were on hand and could be examined by anyone who desired to do so.

Report of Committee on Scientific Program—Emma W. Pope of San Francisco, as chairman, submitted the following report of the Committee on Scientific Program:

The program of the 1925 meeting reflects the careful work of section officers in the selection of diversified topics and of able speakers. It is a pleasure to acknowledge the exceptional co-operation of section officers for 1925.

There are certain facts that should be regularly emphasized in the report of the chairman of the committee on Scientific Program; the most important being that each annual program closes on February 15, goes to press March 20, and is printed annually in the April copy of California and Western Medicine. Long after the April journal, with its completed program has been published, applications for space come straggling into the office.

Every member who desires to speak at an annual session should apply to his proper section secretary before the first of any given year. The section chairman and secretary, acting in conjunction with the Program Committee, control the program of their section. In every issue of California and Western Medicine,

the names of the section officers are listed, under the Directory of Medical Organizations.

All general meetings and many section meetings have as speakers invited guests. The names of Mr. W. B. Lewis, superintendent of the Yosemite National Park, and of Mr. Francis P. Farquhar of the Sierra Club on the Bunnell Memorial Program; of Doctor David Starr Jordan, president emeritus of Stanford University, on the League Program; of Doctor John Phillips from the Western Reserve University and Cleveland Clinic, on the program of the Fourth General Session; of the Honorable George F. McNoble, president of the California Bar Association, on the Optional Medical Defense Program; of Doctor Verne C. Hunt of the Mayo Clinic, on the General Surgery, Urology and Western Branch of the American Urological Association Sections; of Doctor Karl Meyer from the Hooper Foundation, on the General Surgery Program, are all names of men eminent in their various specialties. It is fitting that we make special acknowledgment to them for their interest and their part in making this the 54th Annual Session a success.

Report of Secretary—The secretary, Emma W. Pope of San Francisco, presented the following report:

The history of every individual, organization or nation is always a history of high-lights—of the times of great change, or stress, or conflict, or happiness. The quiet periods of even development go unnoticed. In the history of the California Medical Association, 1924, is such an unemphasized period—a year of steady growth in membership, in accumulated working possessions, in society activities and in reserve funds.

The total increase in membership during 1924 was 173, which, depleted by 37 transferred and 35 deceased members, left a net total of 101. An increase of 361 members since the last apportionment of the A. M. A. made in 1922, entitled the California Medical Association to one extra representative in the body of 175 State delegates to our national organization.

During the year five 600-watt Bausch & Lomb lanterns and silesia screens were purchased for society use. These lanterns will eliminate much confusion at our annual meetings and will meet an urgent county society need in the extension service work. At this time, it is not inappropriate to state that no invitation is extended individually to members to join the Extension Service—all members are eligible. Notices have at times appeared in California and Western Medicine asking that those who desire to talk before county societies furnish this office the titles of those papers they are prepared to present, and whenever it seems warranted, new extension lists, including these names, will be printed and furnished to county secretaries.

The publication of a directory of the California Medical Association has met with hearty approval. The next issue, to be published in January of 1926, will list the home address and office and home telephone numbers. Needless to say, this will involve much additional labor, and complete and accurate information will be possible only through the individual co-operation of our members.

The restoration of the neglected grave of our first president, Doctor B. F. Keene, at the pretty little hillside cemetery of historical Placerville, and the placing in Yosemite Valley of a memorial plaque in honor of Doctor Lafayette Houghton Bunnell, were worthy society activities.

The report of the work of the Placement Bureau is never quite accurate, due to the fact that very often physicians whom we have placed, or doctors for whom we have secured assistants, fail to report to this office the final outcome of the Placement Bureau work. By accident only, do we at times learn that the physician has secured the position to which the Placement Bureau has sent him. We have, however, an accurate record from thirty-five physicians, ten nurses and two technicians. The value of this service to young graduates cannot be over-estimated. It is often the connecting link to the worthwhile licentiate between his college work and his established office. The attention of the membership is called to the large number of office assistants and laboratory technicians on file with the hope

that more members in need of nurses and technicians will avail themselves of the Society's Placement Bureau.

Optional Medical Defense has now at the close of its first year, one-third the membership that the Indemnity Defense Fund had at the termination of its seven years of existence. It is an interesting commentary that those members who are most keenly alive to the need for this service, as is evidenced by their membership in it, are also most keenly alive to the necessity of lessening the number of alleged malpractice suits, and plan an educational campaign among the members for the avoidance, whenever humanly possible, of the causes that lead to these alleged malpractice suits.

There has been added \$4500 to the \$14,500 on hand January 1, 1924, making a total reserve of approximately \$19,000. The general society expense was increased by \$2800, of which about \$2000 was expended in the purchase of lanterns and in the publication of our directory—the remaining \$800 being due to an increase in salaries and office supplies. Legal expense did not decrease as was hoped, but remained almost the same as that of 1923, though, through the expenditure of this amount, twenty-two court cases were disposed of in 1924 as against thirteen in 1923. Journal expenses were greatly increased due to the expansion of the Journal before the present raise in advertising rates had become effective. Because of the present postal ruling that one-half of the subscription price of a fraternal journal must be credited that journal, \$2 per member, or \$7800, was so credited and thereby shows a \$2000 Journal gain for 1924. The new Journal advertising rates became effective January 1, 1925, and to May 1 had absorbed all Journal expenses but \$261. It is, therefore, highly probable that the Journal, if not further enlarged, will report for the coming year a much greater Journal gain.

Of the 3945 members at the end of 1924, 3566 are reported in good standing as of May 1. These statistics are rather indicative of the fact that those opposed to the amount of dues must come from a very small minority of the California Medical Association. It is interesting to learn authoritatively of what other states are doing. The annual dues of Washington, D. C., and of Oregon lead at \$20, Texas comes next with \$15, Michigan, Kentucky, New York, Wyoming and California \$10, Wisconsin \$9. Dues in other states range from \$3 to \$10. "Ohio," and this I quote from Doctor Olin West, "with a very splendid organization and a good journal, maintains its annual dues at \$5. It is to be remembered, however, that Ohio has a membership of more than 5000. The state associations that maintain their dues at the lowest figures—\$3 or \$4—are, as a general thing, not nearly so active as those with higher dues."

When a man erects a building he guards by insurance against the loss of his invested capital. Medical dues are just such insurance and protect the capital of the years and the money invested in your profession. Were there no medical associations to uphold the ethics and educational standards of the medical profession and to educate the public in scientific medical truth, the dark ages of medical empiricism and quackery would be upon us.

The officers of your association, at their own expense, attend all Executive Committee meetings and all Council meetings held throughout the year. They, who thus incur many times the financial indebtedness of the regular membership, patiently debate the question of the reduction of dues. Does it not seem fitting that the membership, who seldom question the cost of a good dinner, or the loss of a misshot golf ball, or the price of an adventurous jaunt into the wilderness, by approving once for all the policy of levying a yearly assessment a little in excess of actual needs sanction through this regular yearly reserve, the undertaking of such society activities as seem desirable and worthy in the eyes of your appointed representatives.

In conclusion, let me again emphasize that the State office is information desk, complaint department, placement bureau, membership, bookkeeping and advertising department and general utility office. In doubt or debate on any subject, write or visit your office. Explanation clarifies hazy understanding; sane discussion modifies antagonistic beliefs; and whether the belief of the member or of the office be changed, the resultant effect is

beneficial and advantageous to the harmonious unity of the association.

Report of Editor—The president announced that, as the following report of the editor had been presented before the First General Session, it would not be read at this session.

The financial condition of CALIFORNIA AND WESTERN MEDICINE is shown in the annual statement of the California Medical Association. It is an encouraging one, and it ought to be still better from year to year in spite of the increasing cost of paper and printing and the very sharp increase in postal rates that recently became effective.

Growth of the magazine has been equally satisfactory in all other respects, as is indicated by the following figures:

Number of pages published in 1924 (Vol. XXII, 12 issues), 1536, 654 pages solid reading matter, sixty-six pages reading matter in advertising pages, 816 pages advertising, including directories of medical organizations, front cover, index pages, etc.

Average number of words to page, 1200, making a total of 864,000 words of reading matter, exclusive of advertising.

Circulation over 5000, and more widely distributed than ever before.

Number of contributors' articles published in 1924, 117.

Number of manuscripts on hand, accepted but unpublished, 105.

Number of manuscripts declined in 1924, nineteen. Many others have been returned to the authors with suggestions for more or less extensive revision and not all of these will come back to us.

In a word, CALIFORNIA AND WESTERN MEDICINE is now a metropolitan medical magazine widely read and widely quoted in other medical and even non-medical literature. This desirable situation has been brought about by the wise and liberal policy of the Council, Executive Committee, officers and employees of the California Medical Association, representing you, the owners of the magazine. *Your policies are fruitful chiefly because of a successful co-ordination of editorial, advertising and publishing forces.*

I want to invite your attention to these three fundamentals of successful publication because you as the owners of the magazine need to consider the problem with particular reference to its future.

My own work, although delightfully interesting and even entertaining, must eventually be passed on to someone else. It will require all of the time of an editor to do as they should be done the things that only the editor, who is unavoidably responsible for his publication, can do. I ask you to consider this matter carefully and make preparations to meet eventualities.

More than to any other factor the quality and continued growth of CALIFORNIA AND WESTERN MEDICINE is due to the unusual ability, hard work and loyalty of my assistant, Miss Sue Van Wagenen. Miss Van Wagenen handles entirely upon her responsibility all the routine pertaining to advertising; collecting; securing discussion, assembling and arranging for the publishers all contributors' essays; in co-operation with the publishers she solves that most difficult of problems, the *mechanics* of the Journal, and she discharges many, many other important functions which usually have the personal attention of an editor. She is overworked and inadequately remunerated. Both of these situations should be corrected, even when considered solely in the interest of CALIFORNIA AND WESTERN MEDICINE.

From a financial standpoint, advertising and service to advertisers is the most important function of any publication. Ours is most ably handled by Mr. L. J. Flynn in the western field and by the Co-operative Medical Advertising Bureau in the national field. Mr. Flynn devotes practically his entire time to CALIFORNIA AND WESTERN MEDICINE and Better Health Magazine. He has developed and is still developing profitable and highly desirable lines of advertising among western clients. Flynn not only sells advertising but service to

advertisers as well. In this he has the support of the editor and your executive committee. It is the eternal attention to advertising *service* by a competent representative that enables California and Western Medicine to carry the largest amount of ethical, carefully edited and censored advertising of any medical magazine published.

From an esthetic and general appeal standpoint, the most important problem of any magazine is one for the publishers. This problem is being, and has been, handled for over twenty years in a highly commendable manner by the James H. Barry Company, under the immediate supervision of Mr. William H. Barry, who serves us wisely and well without additional compensation as Superintendent of Publications.

However, beautiful settings, silver and service do not make a meal. Nor do comparable qualities make a magazine. The meal depends for satisfaction upon the food, and the magazine is dependent upon the quality and method of presentation of the matter supplied by its contributors. Thus the development of California and Western Medicine—or any other magazine—is primarily dependent upon the contributors. In this instance, upon you. The measure of the scientific value of the magazine and of success in general in the end, also must be measured by you, our readers, and I leave the matter there.

Problems—I could interest you and probably entertain you with some of the manifold problems of the editor, but this would be at the expense of brevity and therefore of the value of this report.

There is one problem of major importance—and it is your problem—about which I need your instructions. It is, what shall we do about the large number of contributions now on hand and the others that are arriving almost daily? As shown above we now have on hand accepted material enough—much of it already in type—to supply our publication in its present size for a year. In addition to this and aside from the scores of essays accumulated at medical meetings, the routine mail brings us ten or more papers a month, or about enough to keep us supplied. How shall we solve this problem? Shall we still further increase the size and consequently the cost of the magazine; shall we issue it more frequently, or shall we become much more discriminating in the material accepted for publication? This is your problem and your instructions as to policy are invited.

In my opinion—and it is only an opinion—the time is not ripe for a weekly or semi-monthly magazine; the size of each issue should be left entirely to the judgment of the editor and the executive committee; and the editor, with the advice of his Editorial Councilors, should be formally instructed to select and accept for publication only what can be used of the best and most appropriate from what is offered. This under such policies as the Council and Executive Committee may from time to time prescribe.

Assuming intelligent judgment and not over a reasonable amount of fallibility on the part of the editor and his advisors, this policy should lead to the production of a medical magazine of increasing usefulness and attractiveness. It does manifestly increase the problems and responsibilities of the editor. But that is what editors are for. The wise action of the Council in providing the editor with a confidential council of such fellows as he may elect helps, but does not eliminate, the grief inherent in accepting one author's work and declining that of another. The names of the editor's some fifty councilors are kept confidential between him and each advisor, for obvious reasons.

Report of Committee on Industrial Medical Practice—Sol Hyman of San Francisco, as chairman of the Committee on Industrial Medical Practice, presented the following report:

In speaking to you upon the work of the committee on Industrial Medical Practice, we shall at first endeavor to give you a brief review of the situation in this field as it exists in California at the present time.

Review of the Situation

From many interviews with men in and out of the

industrial field your committee has found that the evils connected with this work, so far as the medical profession is concerned, fall into two main groups:

1. So-called unethical practices such as advertising, soliciting, establishment of dressing stations, use of unapproved cards, etc.

2. Fee cutting both by physicians and insurance carriers. In this group might also be placed overcharging.

The committee on Industrial Medical Practice, feeling that group two, fee cutting in all of its phases, is by far the more important issue, has directed its work along these lines.

The fee cutting evil presents itself in a variety of forms, the principal of which are:

1. Apparently charging according to the fee-schedule, but not entering all of the items, such as omitting a certain percentage of the visits made.

2. Taking cases upon a flat rate basis for certain groups of cases, the flat rate being based upon what the claims adjusters deem to be the average rates the carriers can pay.

3. An agreement to work for a given percentage rate of the fee-schedule.

4. Contracting to work for a certain percentage of the premiums.

5. Not charging in full for what is done, i. e., charging office rates for hospital visits, giving hospital attention at cost, omitting charges for repeated radio-grams, dressings, etc.

6. Taking of employment by lay organizations.

7. Accepting salaries for responsible positions.

It is clear that all of these practices have but one end in view: To make such a showing with the insurance carrier so that, in so far as can be gotten by with it, the work will go to the physician or organization which is able to save the most money for the carrier.

It is also clear that the progressive application of the above lack of co-operation on the part of the members of the profession must inevitably, and has already done so, lead to the concentration of this work in the hands of a few organizations which, because of large volume and reduced overhead, can and do serve the insurance carriers in a manner to their financial liking. Let it not be understood that your committee is criticizing adversely the existence of either small or large organizations devoting themselves to industrial medicine. It is discussing such organizations which underbid the fee-schedule in order to obtain the work.

As a corollary of the practice on the part of members in our association of underbidding and competition there has naturally developed the employment of solicitors, the attempt by correspondence and otherwise to take the work away from those who have it and the numerous other practices which can be classified under the general group, unethical.

The state of affairs has been well expressed by one industrial surgeon, who said that the whole practice of industrial medicine is degrading, and that all that he can hope to do is to keep himself at the upper limits of degradation.

Insurance Carriers—The insurance carriers are now in an apparently controlling position strategically and come fairly close to being able to dictate the rates at which industrial medical practice shall be compensated. Where necessary or expedient full schedule rates are paid, and where not necessary or expedient they demand and receive medical attention to the injured workman upon a basis of flat rates, premium percentages, fee-schedule reduction and salaries. They are able to, and do, transfer the work from one man to another over night if the desired reductions are not made. They are unwilling to acknowledge the rising cost of the medical services in line with the rising cost of all other commodities. They are unwilling to recognize that they have become educated to the value of better and more extended medical services in order to lower their compensation payments, and that consequently more must be paid for such services. They are unable to reduce their overhead in the matter of rents, advertising, brokerage, office supplies and clerical help, but see a fertile field for reduction in medical fees and

cultivate it. Some of the companies recognize the value of high grade service, adequately compensated, and maintain medical organizations of the highest rank, while others are unable to see further than the ledger.

The State Compensation Insurance Fund, the company doing the largest business in the State, about 40 per cent of the whole, and which returns dividends to its policy holders, is making a definite campaign for more business based upon the premise that it furnishes medical services at a low cost and thus is able to return larger dividends to the advantage of the policy holders. The fund has in process of development a central hospital in Redding to serve nine northern counties, to which are to be sent all of the hospital cases in these counties—a not inconsiderable industrial area. This will not alone cause a great disturbance and loss to the medical community, in that many of the practitioners in this district have made large investments in hospitals and apparatus for the care of these cases, but there will result a definite dislocation in the social aspect of these communities. Well equipped young men cannot be expected to look to these fields in which to settle and become factors. Doubtless should this scheme eventuate successfully it will be inaugurated more or less throughout the State. It will probably reduce, in a measure, the cost of compensation insurance; but is it, after all, the most economical procedure all round for the people of these communities? Will those away from the location of the central hospital be as well cared for as heretofore? Is this difference in care worth the few dollars saved in compensation insurance?

From our numerous interviews we gather the impression that the State Compensation Insurance Fund arbitrarily cuts the fees more than does any other company. We cannot state this positively to be the fact, but we can state that the committee has received many, many more complaints concerning this company than that of any other. Much of the work previously in the hands of the Medical Director is now in the hands of a layman. We note particularly that attitude of this carrier because it is a public organization, whose existence is the result of a popular vote, and whose purpose in being brought into being was that of an upholder of standards.

The Industrial Accident Commission—The Commission was written into the Workmen's Compensation Act as an impartial body to represent the State, that is all of the interests involved in the application of the Act, and as the trustees of the State Compensation Insurance Fund. In the ordinary routine work, that of adjudication of claims, etc., the committee has not come in contact with the Commission.

Last December the Commission proposed a new and comprehensive fee-schedule based upon flat rates and weekly rates of compensation for medical and surgical services. At the request of this committee the point of view of the profession in opposition to this type of schedule was presented to the Commission. The hearing was attended by the representatives of organized labor who also voiced their opposition to flat fees and weekly compensation. The chairman of the Commission then assured us that no fee-schedule would be adopted without notification of and consultation with this committee, which in turn assured the chairman of its readiness to co-operate with the Commission at all times. To date there have been no further meetings on this subject.

The campaign of the State Compensation Insurance Fund to acquire business on a basis of a more economical medical administration and the establishment of central hospitals to the general dislocation of social and medical order in the communities affected, we must assume have the sanction of the Commission as the trustees of this fund.

Labor—The man most vitally affected and in whose interest the Act was designed is the working man. The officers of the State Building Trades Council and Affiliated Unions and of the other State labor organizations assure us of their definite interest and willingness to co-operate with us in any effort to improve the medical services received by injured working men under the Act. They realize, however, that many of the problems are purely or mainly professional, and express themselves very certainly that any plan must come from within the

profession and have its whole-hearted support. If the medical profession can present an undivided front then they are willing and ready, in the interest of the injured working man, to do their full share. They regard the problem as one affecting the whole State, but specifically the doctor and the injured working man.

The Plan—In attempting to pave the way for the plan submitted by your committee at previous meetings of the Council whereby it was hoped that industrial medical practice might be put on a proper ethical basis by means of co-operation among the insurance carriers, the public as represented by the Industrial Accident Commission and the medical profession as represented by this association, the committee has encountered an obstacle which it has been able but partially to surmount only in the last month. As previously reported the claims attorneys in the San Francisco (Northern California) jurisdiction have expressed themselves as in favor of the idea proposed and are ready to discuss with us the details for carrying the proposed scheme into effect; but we have up to very recently been unable to interest the claims attorneys of the Los Angeles (Southern California) jurisdiction sufficiently even to allow a representative of the association to come before them. Finally, by dint of repeated arguments, a meeting was arranged and several representatives of this committee appeared before their organization in Los Angeles and discussed with them our plans. Although the organization in San Francisco voiced its approval of the principles and objects of our scheme, the Los Angeles group expressed no opinion, but appointed a committee to deal with the matter. Here the matter stands at the present time. It is clear to the committee that whatever plan be adopted can only be effective and made to go if that portion of the medical profession interested in this type of work wants it, and wants it badly enough to sacrifice something for it. It is also clear to the committee that if the profession is able to present an undivided front, each man having the sincere and real backing of his entire group, that all rebating, fee cutting and dictation by the insurance carriers can be stamped out overnight. If the interested membership of this organization wants this, its committees can accomplish something. If it does not want it, its committees are useless and helpless.

The Ballot—In order to form some sort of an estimate of the tenor of feeling within the association a ballot was taken. Sixteen hundred and thirty-four ballots were returned, representing about 40 per cent of the membership of the association. Three hundred and ninety-eight declared themselves as not interested in industrial medicine; 1135, or about 98 per cent of those directly interested in this type of work, are willing to subject themselves to the actions and decisions of the association, while twenty-two, about 2 per cent, state that they are unwilling to have their freedom of action restricted. While this ballot is perhaps indicative, the committee is somewhat in doubt as to its true meaning because, while the vote was large, there remains always the question as to the feelings of the 60 per cent who did not return an opinion.

Possibly the percentage of those who state that they will not abide by the decisions of their group can be somewhat reduced after a better understanding of the problem, but we must be alive to the fact that very few non-conformists can wreck any plan that is based upon confidence and co-operation.

The general membership of the association had but little notion that this committee has been at work upon this problem until the ballot-cards were circulated.

Summary—The industrial medical situation is not alone critical; it is disagreeable and dirty. Within the ranks of our own profession are intrigue and connivance. There is no loyalty to group and no adherence to standards. Every man is for himself and the devil take the hindmost. The ethical standards, if such they can be called, of commerce are dominant. The end justifies the means.

The individual industrial physician says that he is driven to these extremes because the association gives him no support and does not discipline the malefactors. He cannot resist the tide single-handed. Driven by economic necessity he must fall into line. Competition

necessitates his lowering of standards, much as he deprecates it. He is of the opinion that a group of men meeting in this room have it in their power to pass some resolutions and create a millennium. He fails utterly to realize that any policy of this association can be instituted only when it is the policy of the membership.

This brings us to the crux of the situation. Can the Council or the House of Delegates, now and here, put into operation *any* formulated plan to which the members of this association will adhere? Is each and every individual member ready and willing and desirous to make the fight, for a fight it will be, for several years in order that the position of medicine in the industrial field be placed on a professional rather than a commercial basis, where it now is? The present situation is the creation, not of any California Medical Association, but of the members of that association. Its correction lies solely in the hands of these same members. Is our moral fibre such that a disagreeing minority will resign itself to the will of the majority? Are we sure enough of ourselves to know what we want and to go after it?

It would seem, from the ballot, that a large interested majority can answer these questions affirmatively. Can we be satisfied that this ballot is a true reflection of the attitude of the society? What is the attitude of the 60 per cent who did not answer?

So the situation as it stands today is thus: The principal evil in the industrial medical field is fee-cutting in one form or another. The blame lies within our own ranks. The result has been a tearing down not alone of medical, but of all standards, placing the insurance carriers in the control of the situation. The indications for the future are along the lines of intense concentration with still further reduced compensation, viz: Salaries. The remedy lies in our hands; application depends upon just one factor, the moral fibre of the membership of this association.

With all of the foregoing in mind, does the membership of this association really want the situation remedied? Can it present not alone in its statements but in its actions, an undivided front, an unbreakable phalanx? The answer to these questions your committee must have. It is time for the association to speak.

In order that those county units and sections who may wish to actively engage in attempting to remedy some of the abuses that now exist in Industrial Medical Practice, may have a general foundation of principles upon which to base their actions, the Committee of Fifteen on Industrial Medical Practice of the California State Medical Association recommend that the association take definite action, declaring the following practices as related to Industrial Medicine unethical:

1. Price cutting below the regular accepted fee-schedule either directly or indirectly.
2. Fee splitting of any kind, either directly or indirectly.
3. Rebating fees or any portion of a fee, either directly or indirectly.
4. The solicitation of business by lay or other employees.
5. The advertising by individuals or by hospitals other than that allowed by the code of ethics of the American Medical Association.
6. To be employed in any capacity either on salary, fee or retainer, or as consultant by any institution or corporation or group doing industrial medicine that is owned or controlled by laymen and operated for profit.

Should further questions arise, the committee stands ready to consider them and to present recommendations at subsequent Council meetings.

Report of Committee on Medical Officers' Reserve Corps—In the absence of the chairman, John Wilson Shiels of San Francisco, John Homer Woolsey of San Francisco, as a member of the Committee on Medical Officers' Reserve Corps, presented the following report:

San Francisco, California, May 15, 1925.

Meeting of the General Committee of the Medical

Officers' Reserve Corps, present San Francisco Surgical Section as follows:

J. Wilson Shiels, M. D., Chairman, Colonel, 291 Geary street, San Francisco; Harry G. Ford, M. D., Colonel, University Hospital, San Francisco; Clarence Quinan, M. D., Lt. Colonel, 2512 Washington street, San Francisco; Walter H. Winterburg, M. D., Lt. Colonel, 516 Sutter street, San Francisco, and John Homer Woolsey, M. D., Major, 135 Stockton street, San Francisco.

Object—The education and information of the Medical Profession of the State of California relative to the National Medical Military affairs.

Program

(1) Inclination and better acquaintance between members of the committee.

(2) That the committee shall work at all times in close co-operation with the chief medical officer of the Ninth Corps area and request that he be a member ex-officio of this committee.

(3) It is the sense of the committee that there shall be a Medico-Military meeting at least once per year in each County Medical Society of the State. This meeting to be arranged for by the local representatives and aided by the State Committee.

(4) Request for a regular definite space in the Journal—"California and Western Medicine." This space will be filled subject to the approval of the editor of the Journal by the member of the State Committee appointed as a special editor.

(5) That one person be appointed within each County Medical Society by the General Committee subject to the approval of the respective County Medical Society president.

Unfinished Business—There was no unfinished business to come before the House of Delegates.

New Business—In accordance with the rules of the association, the following resolutions were presented and referred to the Reference Committee. For text of these resolutions and final action by the House of Delegates, see minutes of the second session.

Resolution No. 1. Amendments to Principles of Medical Ethics of A. M. A.—Presented by Harlan Shoemaker of Los Angeles.

Resolution No. 2. Research in Intestinal Parasitism—Presented by Lyell C. Kinney of San Diego for the San Diego County Medical Society.

Reading and Adoption of Minutes—The minutes of this session were read and, on motion of James H. Parkinson of Sacramento seconded by Joseph Catton of San Francisco, were approved.

Adjournment—There being no further business, the House adjourned to meet at 8 p. m. on Wednesday, May 20, 1925, in the same place.

MINUTES OF THE HOUSE OF DELEGATES SECOND SESSION

Held in the Tent, Yosemite Lodge, Yosemite National Park, California, Wednesday, May 20, 1925, at 8 p. m.

Call to Order—The meeting was called to order by the president, Granville MacGowan of Los Angeles.

Roll-Call—The secretary, Emma W. Pope of San Francisco, called the roll; fifty-eight delegates were seated, and the president declared a quorum present.

Place of Meeting for 1926—The chairman of the Council, James H. Parkinson of Sacramento, announced that by unanimous action of the Council, the invitation of the Alameda County Medical Society to hold the 1926 meeting in Oakland had been accepted.

Report of Committee on Arrangements—The chairman of the Committee on Arrangements, James H. Parkinson of Sacramento, announced that the number of members registered at 5 p. m. today was 387, and the number of persons in attendance at the convention 824; and that the number present at the 1922 meeting in the Valley was only 400. Doctor Parkinson read a letter from the Yosemite National Park Company expressing their appre-



WILLIAM TAYLOR MCARTHUR
President-Elect 1925-1926

ciation at having the 1925 convention of the California Medical Association in Yosemite. He then requested the privilege of the floor for Doctor George Franklin Shiels of San Francisco, who was present at the personal request of Colonel Edward L. Munson of the Ninth Corps Area.

Medical Officers' Reserve Corps—George Franklin Shiels, as the personal representative of Colonel Munson, then addressed the House of Delegates briefly on the purpose and aims of the Medical Officers' Reserve Corps.

Election of Officers

President-Elect—William T. McArthur of Los Angeles was nominated for president-elect by William Duffield, Los Angeles. The nomination was seconded by Joseph Catton, San Francisco, who then moved that the nominations be closed; such motion being seconded by James H. Parkinson, Sacramento; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared William T. McArthur elected president-elect for the year 1925-1926.

Vice-President—Thomas F. Madden of Fresno was nominated for vice-president by Fred R. De Lappe, Modesto, such nomination being seconded by Lyell C. Kinney, San Diego.

Joseph Catton of San Francisco was nominated by Fred Rodenbaugh, San Francisco; such nomination being seconded by C. H. Church, Yosemite.

There being no further nominations, the president announced that the House would proceed to ballot, and appointed William Bowman, Los Angeles, and Charles L. Curtiss, Redlands, as tellers. Fifty-eight ballots were cast as follows: Joseph Catton, San Francisco, 32; Thomas F. Madden, Fresno, 26. The president then declared Joseph Catton elected vice-president for the ensuing year.

Councilors

Second District—William H. Kiger of Los Angeles was nominated by Harlan Shoemaker, Los Angeles, to succeed himself as councilor for the Second District. The nomination was seconded by Dudley Smith, Oakland. On motion of William Duffield, Los Angeles, seconded by H. A. L. Ryfkogel, San Francisco, the nominations were closed, and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared William H. Kiger elected councilor for the Second District for the ensuing three years.

Fourth District—Fred R. De Lappe of Modesto was nominated by Church, Yosemite, to succeed himself as councilor for the Fourth District. The nomination was seconded by Harry E. Alderson, San Francisco. On motion of Morton Gibbons, San Francisco, seconded by Alderson, San Francisco, the nominations were closed, and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Fred R. De Lappe elected councilor for the Fourth District for the ensuing three years.

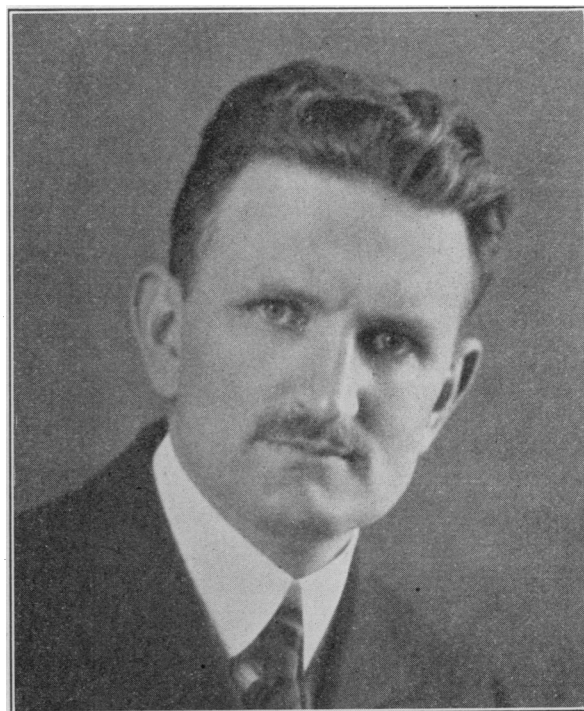
Eighth District—James H. Parkinson of Sacramento was nominated by C. B. Jones, Sacramento, to succeed himself as councilor for the Eighth District. The nomination was seconded by Fred R. Fairchild, Woodland. On motion of T. C. Edwards, Salinas, seconded by R. A. Terry, Los Angeles, the nominations were closed, and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared James H. Parkinson elected councilor for the Eighth District for the ensuing three years.

Councilor-at-Large—O. D. Hamlin of Oakland was nominated by Dudley Smith, Oakland, for councilor-at-large to succeed himself for the ensuing three years. The nomination was seconded by R. T. Legge, Berkeley.

Robert Peers of Colfax was nominated by R. R. Newell, San Francisco, such nomination being seconded by R. T. McGurk, Stockton.

There being no further nominations, the president declared the nominations closed, and instructed the tellers, William Bowman, Los Angeles, and Charles L. Curtiss, Redlands, to collect the ballot. The secretary announced that fifty-five ballots had been cast as follows: Robert Peers, Colfax, 31; O. D. Hamlin, Oakland, 24. The president then declared Robert Peers elected councilor-at-large for the ensuing three years.

Member of Committee on Scientific Program—Roland E. Skeel of Los Angeles was nominated by Harlan Shoemaker, Los Angeles, as a member of the Committee on Scientific Program for the ensuing four years. William Duffield, Los Angeles, seconded the nomination, and then moved that the nominations be closed and that the president declare Doctor Skeel elected a member of the Committee on Scientific Program by unanimous action of the House of Delegates. The secretary cast the ballot, and the president declared Roland E. Skeel unanimously



JOSEPH CATTON
Vice-President 1925-1926

elected a member of the Committee on Scientific Program for the ensuing four years.

Delegates to A. M. A.—The chairman of the Council, Parkinson of Sacramento, advised the House it was impossible for the House of Delegates of the C. M. A. to elect delegates to the A. M. A. at this session and have proper representation at the National Convention and, therefore, the Council, at its 150th meeting held in San Francisco, February 14, 1925, had elected Hans Lisser of San Francisco to fill the unexpired term of T. C. Edwards, Salinas, who had resigned, and the Council had elected as delegates to the A. M. A. for the ensuing two years the following: Albert Soiland, Los Angeles; Robert V. Day, Los Angeles; Lemuel P. Adams, Oakland; and as alternates to the A. M. A. for the ensuing two years: Charles D. Lockwood, Pasadena; Robert Pollock, San Diego; O. D. Hamlin, Oakland.

Parkinson, Sacramento, then moved that the House of Delegates ratify and confirm the election by the Council of these delegates and alternates to the A. M. A. Alderson, San Francisco, seconded the motion. The motion was adopted unanimously.

Delegates to the A. M. A., with their corresponding alternates, are as follows:

Victor G. Vecki, San Francisco, 1925; alternate, C. Van Zwalenburg, Riverside, 1925.

Hans Lisser, San Francisco, 1925; alternate, William E. Stevens, San Francisco, 1925.

Albert Soiland, Los Angeles, 1925 and 1926; alternate, Charles D. Lockwood, Pasadena, 1925 and 1926.

Robert V. Day, Los Angeles, 1925 and 1926; alternate, Robert Pollock, San Diego, 1925 and 1926.

Lemuel P. Adams, Oakland, 1925 and 1926; alternate, O. D. Hamlin, Oakland, 1925 and 1926.

Report of the Reference Committee

Harlan Shoemaker of Los Angeles, chairman of the Reference Committee, presented the following report:

1. **Address of the President**—The address dealt, in a very timely manner, with the existing conditions of the profession and what constitutes the practice of medicine. Doctor MacGowan reviewed, in a broad way, the problem of industrial medicine and its relation to the profession. He surveyed the relation of chemistry and bacteriology to the clinical arts and gave prophetic advice regarding the Volstead Act. He paid a fine tribute to Doctor Lafayette Houghton Bunnell and Yosemite Valley. He touched on the subject of taxation upon the profession for professional expenditures, concluding a stewardship well performed.

2. **Address of the President-Elect**—The address is the story of the layman, cultural education and specialism. Doctor Ewer cleverly dissected the character of one of the late popular novels as an illustration of how a layman views cultural education in medicine and specialism. Quoting John J. Abel, "There should be in research work a cultural character, an artistic quality, elements that give to painting, music, and poetry their high place in the life of man," and deploring the cultivation of ultra specialism, the lack of the distribution of young doctors in rural districts, and suggesting some causes and corrections to equalize this great economic loss.

3. **Report of the Editor**—The committee recommends that the report be accepted and that the felicitations of the members, the House of Delegates, and the Council be extended to Doctor Musgrave for his indefatigable efforts in behalf of the California Medical Association and CALIFORNIA AND WESTERN MEDICINE, and that the problem of the Journal as to size and the frequency of the publication be referred to the Council for its recommendation.

4. **Report of the Legal Department**—The committee recommends that the report be accepted and the members, the House of Delegates, and the Council extend their commendation to our Honorable Counsel, and that it be the sense of this meeting that the publicity shall be combined with the active solicitation on the part of the members present to extend and fortify the Association on Optional Defense with the points, as suggested by Mr. Peart.

5. **Report of the Council**—The committee commends the report of the Council and recommends a topographical redistribution of the Councilor Districts that would give better contact with the Councilor and his District. The

committee commends the compliance with the second-class postal laws for the support of the Journal. The committee notes with pleasure that the society is solvent, with a comfortable balance as of December 31, 1924. The committee commends the annual assessment of \$10. The committee recommends the adoption of the amendments to the Constitution and By-Laws as read in the report of the Council.

6. **Report of Committee on Scientific Program**—The committee recommends that the report of the Scientific Program Committee be accepted, and urges greater cooperation of the other members of the committee with the secretary.

7. **Report of the Secretary**—The committee commends the report of the secretary and voices the unanimous approbation of the society.

8. **Report of Committee on Industrial Medicine**—The committee recommends, having in mind the factors of the foregoing report, that the acts of the committee be approved, and that the committee continue the preparation of a plan to correct the evils of industrial medicine and in addition that the rules appended to the aforesaid report be referred to the Council and the attorney for the association for codification and enforcement.

9. **Medical Officers' Reserve Corps**—The committee recommends that the report of Doctor John Wilson Shiels be adopted.

10. **Resolutions**—Resolution No. 1. **Amendments to Principles of Medical Ethics of the A. M. A.**—The text of the resolution is as follows:

WHEREAS, The Principles of Medical Ethics have antedated the histories of people among whom they were developed; and,

WHEREAS, The ethical relation of the doctor and patient cannot be prescribed by civil laws; and

WHEREAS, The conservation of the patient in life and death must always remain an ethical relation; and

WHEREAS, The public has never challenged the integrity of the medical profession in this delicate situation; therefore, be it

RESOLVED, That the Principles of Ethics of the American Medical Association, adopted by the House of Delegates at Atlantic City June 4, 1912, be extended and amended to include suitable penalties for the violation of these principles:

First—That these Rules of Ethics are hereby declared to be an integral part of the Rules and Regulations, Constitutions and By-Laws, governing each component county unit and scientific section.

Second—That the penalty prescribed for the violation of these ethics shall be censure, suspension, or expulsion, as the individual governing body shall elect.

Action by the Reference Committee—The committee recommends that the resolution regarding medical ethics be adopted, and that the notification of this act be made to the C. M. A. delegates to the A. M. A. by wire.

Resolution No. 2. Research in Intestinal Parasitism—The text of the resolution is as follows:

WHEREAS, The research in intestinal parasitism now being carried on in the Department of Zoology at the University of California is of exceptional interest to scientists engaged in the study and treatment of this disease; and

WHEREAS, Its significance in many forms of pathology render this research of rare value to human life and essential to the intelligent practice of medicine; and

WHEREAS, The members of the medical profession throughout the state are fully aware of the benefit they derive from this study of intestinal parasites, appreciating the urgency of the questions which Doctor Kofoid's work is answering; therefore, be it

RESOLVED, That the California Medical Association, in annual session assembled at Yosemite Park, hereby expresses to the Board of Regents of the University of California its sense of the value of this work, its profound appreciation of the data already promulgated by Doctor Kofoid, and its belief in the vital importance of his contributions to medical science; and be it further

RESOLVED, That this association holds, in view of the highly specialized human importance of Doctor Kofoid's work, that this research is one of the most valuable in-

vestigations in modern medicine, and that we urge upon the said regents that the university continue to extend to Doctor Kofoid every facility for the continuance and enlargement of his studies in human parasitology.

Action by the Reference Committee—The committee recommends that the resolution urging the Board of Regents of the University of California to further the work of Doctor Kofoid and the Department of Zoology, be adopted.

11. Resolution on Appreciation to Yosemite Park and Curry Company—The committee voices the sentiment of the association in a vote of thanks to the Lodge for the gavel made of native manzanita presented at this meeting. It further voices the appreciation of the members for the courteous service and the kind consideration shown to all the members and their families, during this meeting in the following resolution:

RESOLVED, That the thanks of the California Medical Association be tendered the Yosemite Park and Curry Company for the very handsome gavel presented to the association; and for its many courtesies and extraordinary efforts in making the meeting a success under most trying weather conditions; and, further, that the association particularly desires to thank Mr. R. E. McCormick for the large share his unflinching efforts contributed in making the meeting a success.

12. Resolution of Appreciation to Doctor Howard A. Kelly—The Reference Committee presented the following resolution:

RESOLVED, That the California Medical Association expresses its appreciation to Doctor Howard A. Kelly of Baltimore, Maryland, for his suggestion, interest and material help in placing in Yosemite Valley a plaque to "commemorate Doctor Lafayette Houghton Bunnell, one of the first party of white men to enter the Yosemite Valley in March, 1851. He proposed the name Yosemite and was the first to proclaim its beauty and wonders to the world."

13. Resolution of Appreciation to National Park Service—The following resolution was submitted by the Reference Committee:

RESOLVED, That the thanks of the California Medical Association be tendered Mr. Stephen T. Mather, Director of National Parks, and Mr. W. B. Lewis, Superintendent of Yosemite National Park, for their many courtesies, and especially for their most helpful assistance in connection with the dedication of the Lafayette Houghton Bunnell Memorial in Yosemite National Park.

14. Resolution of Appreciation to Francis P. Farquhar—The following resolution was submitted by the Reference Committee:

RESOLVED, That the thanks of the California Medical Association be tendered Mr. Francis P. Farquhar for his most able and interesting talk at the Lafayette Houghton Bunnell Memorial exercises, and for his beautiful and instructive exhibition of Sierra scenes.

15. Yosemite Hospital—The following resolution was submitted by the Reference Committee for R. G. Dufficy of San Rafael.

WHEREAS, The hospital in the Yosemite National Park is inadequate for the present needs of the visiting tourists and traveling public; and

WHEREAS, The aforesaid hospital buildings are antiquated, out of date, unhandy and dangerous to all inmates in case of fire; and

WHEREAS, The travel into the Park is constantly increasing and the present buildings are not fit for expansion, being neither liveable in the winter and only partly comfortable in the summer; and

WHEREAS, **FURTHER**, There is an increasing and greater demand for a first-class medical and surgical service on the part of the visiting public from all over the United States which cannot be given in the present buildings; therefore, be it

RESOLVED, That the California Medical Association in regular session assembled exert its efforts in every possible manner on both the United States Congressmen and United States Senators in support of measures seeking an

appropriation for the building of an adequate and well-equipped hospital in the Yosemite National Park.

On motion of Harlan Shoemaker, Los Angeles, seconded by Dudley Smith, Oakland, the report of the Reference Committee, which had been read section by section, was then unanimously adopted as a whole.

Resolution of Appreciation to the Honorable George F. McNoble—On motion of Parkinson, Sacramento, unanimously seconded by the House of Delegates, it was

RESOLVED, That the sincere thanks of the California Medical Association be tendered the Honorable George F. McNoble of Stockton, President of the California Bar Association, for the extremely interesting and very valuable address made by him on Tuesday evening on the relationship of the physician and his patient.

The president called upon Mr. McNoble, who then addressed the House of Delegates.

Expression of Appreciation by the President—President MacGowan addressed the House of Delegates, briefly expressing his appreciation for the honor conferred upon him the preceding year and the pleasure derived from his presidential duties.

Presentation of the President—The president appointed Pauline Nusbaumer, Oakland, and Robert Pollock, San Diego, to escort the incoming president, Edward N. Ewer of Oakland, to the chair. Doctor Ewer was then escorted to the chair by Doctors Nusbaumer and Pollock.

Presentation of the President-Elect—The president-elect, William T. McArthur of Los Angeles, was escorted to the platform by William Duffield, Los Angeles, and Harlan Shoemaker, Los Angeles.

Reading and Adoption of Minutes—The minutes of this session were read and, there being no objection, were unanimously approved.

Adjournment—There being no further business before the House, the meeting adjourned to meet in Oakland in 1926.

SECTION ACTIVITIES OF THE C. M. A. AT THE 1925 ANNUAL SESSION

(Abstracts from Minutes of those sections whose secretaries have sent in their reports)

General Medicine Section—This section held the usual three meetings under the chairmanship of Ernest S. du Bray of San Francisco; Roy E. Thomas, Los Angeles, secretary. The scientific program was carried out very much as published in the April issue of CALIFORNIA AND WESTERN MEDICINE. Many of the papers, carefully discussed and edited, will appear during the year in CALIFORNIA AND WESTERN MEDICINE.

The chairman's address on "Comments on Body Weights in Relation to Health and Disease" will appear elsewhere in this issue, as will all other addresses of chairmen that have been received by the editor in time for publication.

At the business meeting of the section, Roy E. Thomas, Los Angeles, was elected chairman and J. Marion Read, San Francisco, secretary for the ensuing year.

General Surgery Section—This section held three meetings under the chairmanship of Wallace I. Terry, San Francisco; C. T. Sturgeon, Los Angeles, secretary. The published program was followed very closely, and a number of the papers presented, together with carefully prepared discussion, will appear in due course of time in this Journal.

At the business session of the section, T. O. Burger, San Diego, was elected chairman; E. L. Gilcreest, San Francisco, vice-chairman; J. H. Woolsey, San Francisco, secretary, and J. H. Breyer, Pasadena, assistant secretary for the ensuing year.

The following resolution was introduced, but overwhelmingly defeated:

RESOLVED, That the Surgical Section petition the Council of the California Medical Association to consider the question of appointing a committee for standardizing the preliminary qualifications of medical men in their initial attempts to do major surgery.

Pathology and Bacteriology Section—This section held three meetings under the chairmanship of Newton

Evans, Loma Linda; Roy W. Hammack, Los Angeles, secretary. Some of the papers presented before this section, in accordance with the published program, will appear in CALIFORNIA AND WESTERN MEDICINE, and others in more special journals.

At the business meeting F. R. Nuzum, Santa Barbara, was elected chairman and Roy W. Hammack, Los Angeles, was re-elected secretary.

The section discussed the advisability of continuing a separate section on pathology and bacteriology, but no action was taken.

Industrial Medicine and Surgery Section—Two meetings were held under the chairmanship of Philip H. Stephens, Los Angeles; Packard Thurber, Los Angeles, secretary. This section followed quite closely its printed program in scientific work. A number of the papers, with adequate discussion, will appear during the year in CALIFORNIA AND WESTERN MEDICINE.

At the business meeting Fred R. Fairchild, Woodland, was elected chairman and Charles E. Von Geldern of Sacramento was elected secretary for the ensuing year.

The report of the Committee of Fifteen on Industrial Medicine Problems, under the chairmanship of Sol Hyman, was discussed. Abstracts of this report will be published when released by the Council.

Radiology Section (Including Roentgenology and Radium Therapy)—The section held three sessions under the chairmanship of Ray G. Taylor, Los Angeles; Robert Newell, San Francisco, secretary. The scientific program practically as published was carried out, and some of the papers will eventually appear in this Journal, and others, no doubt, elsewhere.

At the business meeting F. H. Rodenbaugh, San Francisco, was elected chairman for the ensuing year; R. G. Van Nuys, Berkeley, vice-chairman, and C. H. Parker, Pasadena, secretary.

The section discussed plans and policies for the ensuing year, and there was a general feeling that "more of the work of the section should be called before the general medical and surgical meetings," but no definite action was taken.

Neuropsychiatry Section—Two meetings were held by this section under the chairmanship of Glenn E. Myers, Los Angeles; Joseph Catton, San Francisco, secretary. The published program was carried out, with a few minor exceptions.

At the business meeting Joseph Catton was elected chairman and Carl W. Rand, Los Angeles, secretary for the ensuing year.

A motion was made authorizing the appointment of "a neuropsychiatric council of at least five members of the section, representative of the various portions of the state. Its duties to be to act for the section during the interval between annual meetings; to study certain problems, and suggest legislative ethical and other means of dealing with them; to devote its special attention during the coming year to the subjects of commitment of the 'insane' and expert medical testimony."

Urology Section—Three meetings were held by this section under the chairmanship of Frank S. Dillingham of Los Angeles; Miley B. Wesson, San Francisco, secretary. The scientific program was carried out largely as published.

At the business meeting Miley B. Wesson, San Francisco, was elected chairman and H. A. Rosenkranz, Los Angeles, secretary for the ensuing year.

The secretary reports prompt attendance at the meetings and strict enforcement of the length of time a speaker might occupy. Two of the essayists did not appear; neither did they send any notification either before or since, and therefore, according to Rule 9, they are automatically barred from presenting a paper before this section for two years. "We limited," says the secretary, "each paper to fifteen minutes, and notified each man at the end of his fifteen minutes that he had one minute. If the audience seemed restless, he was promptly stopped at the end of the minute, whereas if the audience was very much interested we stopped him at the end of five minutes. When a man had lantern slides or was making numerous side remarks not especially connected with his subject, he was notified at the end of eleven minutes that he had four minutes, giving him an opportunity to condense and finish

his paper. Those who discussed a paper from the floor were stopped promptly at five minutes. All members present seemed to be in accord that the section meeting was one of the most successful ever held; every member had been solicited for a paper, every paper submitted was accepted; no paper was allowed to run sufficiently long to tire the audience. Doctor Dillingham was a very considerate and politic chairman and conducted the meeting so that it ran smoothly and rapidly, giving satisfaction to all present."

Eye, Ear, Nose, and Throat Section—During the three sessions of this section, under the chairmanship of Ernest W. Fleming, Los Angeles; Percival Dolman, San Francisco, secretary, the scientific program was carried out as published with a few changes, and some of the papers read will be published in CALIFORNIA AND WESTERN MEDICINE during the coming year.

"The chairman in his annual address reviewed some of the important problems which confront the eye, ear, nose, and throat practitioner of today," says the secretary. "Each one of these problems, too small in itself for review in a separate paper, was briefly discussed in a few paragraphs. The entire grouping of subjects formed a practical guide to the specialist in solving many obscure problems of his work."

At the business session W. H. Dudley, Los Angeles, was elected chairman and Percival Dolman, San Francisco, was re-elected secretary for the ensuing year.

In the absence of Chairman George K. Kress of the Legislative Committee, Secretary Dolman made a report of the activities of the committee. This report was supplemented by Otis Allen Sharpe and Arthur Hebert, who had been active in Sacramento in legislative work.

The following resolution was unanimously adopted:

BE IT RESOLVED, That this Section expresses its grateful appreciation of the magnificent support given by the League for the Conservation of Public Health to Senate Bill No. 201.

BE IT FURTHER RESOLVED, That a copy of this resolution be forwarded to the League for the Conservation of Public Health by the Section secretary.

A resolution was adopted thanking the Legislative Committee for its excellent work during the past year.

Technical Specialties Section—Both the California Association of Medical Social Workers and the California Association of Physiotherapists, who together form the present membership of the Section on Technical Specialties of the California Medical Association, held meetings. Ray Lyman Wilbur is chairman of the section and John C. Wilson, Los Angeles, secretary.

California Association of Medical Social Workers—At the scientific meeting a splendid program of five papers was presented. Most of these papers will be published during the year.

At the business meeting Edna J. Shirsper, San Francisco, was re-elected president; the position of vice-president is to be filled at the June meeting and is to be the chairman of the Southern California section. Sophie H. Mersing, San Francisco, was re-elected secretary-treasurer. Rose Steinhart, San Francisco; Alice M. Keene, San Francisco, the secretary of the Southern California section (to be elected at the June meeting), and Helen Leonard, San Francisco, were elected directors.

First steps toward amending Article III, Section 2, of the by-laws to read: "Applicants for active membership not graduated from an accredited college or school giving training in social service work shall be eligible by furnishing an equivalent satisfactory to the Advisory Council, consisting of *two years'* successful medical social work under approved medical supervision."

California Association of Physiotherapists—In the absence of Ray Lyman Wilbur, M.D., president, and John C. Wilson, M.D., secretary of the Technical Specialties Section, C. L. Lowman, M.D., Los Angeles, opened the fifth annual meeting of the California Association of Physiotherapists, member of the Section on Technical Specialties, with an address emphasizing the importance of keeping up a high standard so that this association will always be a credit to the C. M. A. The program as published was carried out with minor changes, and at the close of the evening Robert E. Ramsay, chairman of the Pediatric Section, gave a short talk

on his growing interest in physiotherapy and how his appreciation of its value had increased.

The following officers were elected for the coming year: Beulah Rader, San Francisco, president; Florence Burrell, Oakland, vice-president; Mabel Penfield, San Francisco, secretary-treasurer. Hazel Furscott, Beret Stenwig, and Margaret Blake were elected as members of the Executive Committee.

Pacific Coast Association of Anesthetists—This association held its fourth joint meeting with the Section on Anesthesiology of the C. M. A., Caroline B. Palmer, San Francisco, president, and Eleanor Seymour, Los Angeles, secretary. After a very successful scientific meeting, a business session was held, at which R. F. Hastreiter of Los Angeles was elected president, Louise Oldenbourg, Berkeley, vice-president, and Eleanor Seymour, secretary.

The following resolutions were adopted:

1. **RESOLVED**, That an expression of sincere appreciation be sent to the California Medical Association for the many courtesies so graciously extended by its efficient officers to the Pacific Coast Association of Anesthetists.

2. **RESOLVED**, That an expression of appreciation be forwarded to the secretary of the Los Angeles County Medical Association for courtesy in publishing our announcement and program in the County Bulletin.

3. **RESOLVED**, That a return wire of acknowledgment and appreciation be sent to Dr. F. H. McMechan, including greetings to the Congress of Anesthetists in Atlantic City.

4. **RESOLVED**, That an expression of regret be sent to Dr. Mary E. Botsford for her unavoidable absence.

5. **RESOLVED**, That we commend the recent ruling made by the Council on Medical Education and Hospitals of the A. M. A., to the effect that in all teaching hospitals proper equipment and facilities be provided for the instruction of interns in anesthesiology and that such instruction be given by staff members who are graduate physicians proficient in this special field.

6. **RESOLVED**, That this Association reiterates its stand deploring the employment of nurse and lay anesthetists, and endorses the attitude of the Council on Medical Education and Hospitals of the A. M. A., favoring only physician anesthetists.

7. **RESOLVED**, That we urge that all hospitals and anesthetists keep systematic records of all anesthetics administered.

8. **RESOLVED**, That a demand be made of manufacturers and hospitals to provide pure and fresh anesthetic agents at all times.

CONSTITUTION OF THE C. M. A.

First of two required publications of proposed amendments, to be voted upon by the House of Delegates 1926 session.

Amend the Constitution, Article III, Sections 1, 2, 3, 4 and 5, to read as follows:

ARTICLE III

MEMBERS AND GUESTS

Section 1. Members—The members of the association are the members of the component county societies and include all the active, associate and affiliate members thereof. Every member of the California Medical Association (hereafter elected) must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be elected to membership by the component county society of the county wherein he resides, and pay all dues to the secretary of his county society.

Section 2. Active Members—Active members shall be elected from those Doctors of Medicine licensed to practice medicine and surgery in the state of California, who in the judgment of the component county society of the county of residence thereof, are deemed of such ethical integrity as is required for such membership. (Except if he lives on or near a county line a member may, with the previous written consent of the county of his residence,

join the society of the county most convenient for him to attend, and such adjoining county shall be included in the term "county of residence" as herein used.)

Section 3. Associate Members—Associate members shall be elected from those Doctors of Medicine engaged in teaching or research work or holding position in federal service or otherwise, who are not licensed to practice medicine and surgery in the state of California and hence are ineligible to active membership. These members shall have all the rights and privileges of active members, except the right to vote or hold office. Their dues to the State Association shall be one-half the dues of active members, and their dues to their county society shall be fixed by such county society.

Section 4. Affiliate Members—Affiliate members shall be elected from those Doctors of Medicine eligible for active membership, but who are, for any reason satisfactory to the county society and the council of the State Association, entitled to special consideration. These members shall have all the rights and privileges of other members, except the right to vote or hold office. Their dues to the State Association shall be \$1 per year, and their dues to their county society shall be fixed by such county society.

Section 5. Honorary Members—Honorary members of the California Medical Association may be elected by the House of Delegates.

Amend the Constitution, Article VI, Section 4, to read as follows:

ARTICLE VI

OFFICERS

Section 4. No delegate during his term of service as delegate shall be eligible to any office named in Section 1, except that of Councilor, and no person shall be elected President, President-Elect, Vice-President and Councilor who has not been a member of the association for two years preceding his election. Every delegate and alternate to the House of Delegates of the California Medical Association must have been a member of the association for one year prior to his election.

Amend By-Laws, Chapter I, Section 1, to read as follows:

BY-LAWS

CHAPTER I

Section 1. All members of county societies—active, associate and affiliate—shall by virtue of such membership hold corresponding membership in the California Medical Association upon certification by the secretary of the county society of such membership and receipt by the secretary of this association of the assessment for the fiscal year.

Amend the By-Laws, Chapter I, by adding a new section to be numbered 5, reading as follows:

Section 5. A member who changes his residence from the county through whose society he holds membership in this association to another county in which there is a county society, is eligible to membership in the component county society of his new residence on the presentation of a transfer card, and an official statement that his dues have been paid in full in the society in which he holds membership; provided that no evidence which would otherwise disqualify him for membership arise. He shall forfeit his membership in this association one year after change of location unless he becomes a member of the society of the county to which he has moved. Any member who has heretofore changed his residence as aforesaid shall have one year after the date of the adoption hereof to comply with the provisions of this section.

Amend the By-Laws, Chapter VII, Sections 4 and 14, to read as follows:

* CHAPTER VII

Section 4. Each county society shall judge the qualifications of its members. However, as such societies are integral parts of this association and all the basis of membership in the American Medical Association, it is necessary that the qualifications meet the minimum requirements of the state and national organizations. These

minimum requirements are that, to be eligible for election as an active or affiliate member, the applicant must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be licensed to practice medicine and surgery in the state of California. Every associate member must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must not be licensed to practice medicine and surgery in California and hence be ineligible to active membership. A member must not practice or claim to practice or lend his support, co-operation or in any other way endorse any exclusive system of medicine or any person practicing the same. He shall be honorable and ethical in his conduct and shall subscribe to the principles of medical ethics of the American Medical Association, and shall recognize the council of this association as the proper authority to interpret any doubtful points in ethics. Every applicant for membership in a county society shall fill out and sign in duplicate the application blanks provided by the society which prescribe the necessary qualifications for membership. One copy of each such application shall be promptly forwarded to the office of this association.

Section 14. Any county society may, in its discretion, elect active, associate, and affiliate members under and pursuant to the provisions of Article III of this Constitution. Any county society may also elect honorary members of its own society, but such honorary members shall not thereby be honorary members of this association.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The meeting of the association was held Monday evening, May 11, President Mehrmann in the chair.

A. A. Bird reported a case of megacolon in a boy 3 years of age, with exhibition of patient and lantern slides.

M. L. Emerson reported a case of obstruction of the bowel, with roentgenological studies.

The following program was then presented by the staff of Alameda County Hospital:

"Demonstrations of Pathological Specimens," by Gertrude Moore and N. A. Cary.

J. W. Calkins demonstrated with lantern slides and a model the operation for strabismus with modified Calkins' muscle folder. By means of this instrument, a simple method of shortening any of the external muscles of the eye is possible. The amount of shortening can be accurately graduated. The muscle is not cut, but is folded about the hairpin-shaped portion of the instrument one or more times as required to correct the deviation. The placing of the suture is simple, accurate, without danger of slipping or cutting through the sutures. Hayward G. Thomas opened the discussion of this paper.

E. W. Goodman's paper was a "Case of Spinal Cord Lesion Illustrating Advantages of Puncture of Cisterna Magna." Following a description of the technique of puncture of the cisterna magna and a resumé of the indications for this procedure, the doctor discussed the comparative values of the injection of lipiodol into the cisterna magna and of the study of different conditions of and chemistry in the fluid in the cisterna magna and the lumbar subarachnoid space. Two cases were then cited in which these maneuvers were carried out; in the first one they aided in the diagnosis of a neoplasm within the spinal canal which developed with most unusual rapidity, and in the second the level of a nervous block, due to a strong fibrous band following meningitis four years ago, was definitely shown by the obstruction to the downward passage of the lipiodol. The discussion of this paper was opened by J. E. Royer.

D. N. Richards presented a "Case of Hirschsprung's Disease Improving Under Surgical Treatment" in a boy 12 years of age. The patient was first admitted to the Alameda County Hospital March 6, 1923, complaining of abdominal distension since birth and difficulty in moving bowels. X-ray examination of colon by means of barium enemas showed an enormously dilated large intestine.

Exercise and cleansing enemas were given, and the boy was discharged. Second admission, August, 1924. Condition worse than before. Exploratory operation, August 11, 1924. Unable to outline the length of the tumor, so a simple colostomy was done. Patient sent home and readmitted October 27, 1924. Colostomy had closed. Numerous x-rays were taken to demonstrate the exact location of the dilatation, and it was found to be upper rectum and sigmoid. It had improved a great deal under this treatment. Second operation, December 6, 1924. Complete exploratory, demonstrating great hypertrophy of the intestinal wall. Loop of descending colon above dilatation was brought out and stitched to itself, according to Mikulicz's technique; colostomy established. Last x-ray picture was on April, 1925, and showed a barium fecalith in dilated portion of the intestine. Colostomy functioning well, and boy greatly improved. C. L. McVey opened the discussion.

Among other things in his paper, "Insanity as a Defense for Crime," C. W. Mack said: "It is a healthy sign that the medical profession is taking an interest in public welfare work as never before, and in doing so they cannot help but become involved in the study of individuals handicapped by mental disabilities and behavioristic problems. Psychiatry is an integral part of medicine, and its roots should be firmly grounded in orthodox practice. Psychiatry can do a great deal to help in the forward movement by contributing a study of psychopathic personalities in those afflicted with actual mental disease. A certain amount of disapprobation has been placed upon psychiatry of late because of spectacular trials that are so gruesomely represented in the newspapers—one recently in San Francisco and one in Chicago. It is not desired to take up the time of this discussion by condemning the men whose names receive so much prominence or to put forth a defense of psychiatry, as none is needed. It might be timely, however, to point out that lawyers may disagree in court without incurring any disrepute, but when doctors disagree the public naturally thinks that one side or other is falsifying for the sake of monetary profit. No psychiatrist wishes to go into court and, undoubtedly, psychiatrists as a whole have just as much honesty as any other branch of the medical profession. There is no thought in the minds of psychiatrists to secure freedom from punishment for criminals, but on the contrary they are less sentimental than the public at large. Modern psychiatry contends that there is a large element of feeble-mindedness or mental disease which accounts for a large share of the criminality. This is indicated by the fact that 60 per cent of prisoners examined show mental abnormalities which are largely responsible for the criminal tendencies. It is also worthy of note that 66 per cent of prisoners are recidivists. The present penal system is not diminishing the enormous wave of crime. The homicides in the United States in one year were 9500, whereas in Great Britain during the same period there were only sixty-three. The number of the executions out of the 9500 was only 114. In view of the fact that many criminals must be such because of their mental abnormality, they should remain in custody in a hospital throughout their entire life if necessary, or until such time as they are not a further menace to society, rather than be sentenced for a few months or years to a prison and then released. In other words, if certain types of criminals are, upon examination, found to be in such a mental condition that reformation is impossible, permanent segregation from society is what psychiatrists advocate, and they are not busying themselves in an effort to secure the acquittal of these criminals in court. The present position of doctors as experts in court is almost untenable. The new law recently adopted in Massachusetts would make it possible for physicians to be of some use to courts in handling delinquent individuals. This law makes it mandatory upon the clerk of the court where a prisoner is to be tried to notify the State Department of Mental Diseases, which department, in turn, appoints a board of examiners to determine the mental condition of the prisoner. This commission is given the larger duty also of discovering the presence or absence of any mental disease or mental defect and does not confine itself to a statement of whether or not the individual is sane or insane. This report is filed with the clerk of the court and is accessible to both the prosecution and the defense. There seems to be no

doubt but what the creation of similar legal machinery in this state would be much to our credit."

Others taking part in the discussions of these papers were Roderick O'Connor, O. D. Hamlin, R. G. Graham, and E. N. Ewer.

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CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by L. St. John Hely, secretary)—The regular meeting of the Contra Costa County Medical Society was held Thursday evening, May 28, at the Abbott Emergency Hospital, Richmond. Burt S. Stevens of San Francisco spoke on diseases of the pelvis. This was in the nature of a talk fest, bringing out situations we have to meet every day, and the management of which demands much diversity of opinion. Stevens showed that he is in possession of a vast amount of experience in diagnosis and treatment of pelvic diseases.

The attendance was small, due to the change of date for the meeting, and, therefore, no business was discussed.

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FRESNO COUNTY

Fresno County Medical Society (reported by T. Floyd Bell, secretary)—The monthly luncheon of the Fresno County Medical Society was held at the Fresno Commercial Club May 23, with twenty-six members and two visitors present. Members—Drs. Aller, Anderson, Bell, Barr, Cross, Dahlgren, Dau, Ellsworth, James, Jorgensen, Kjaerbye, G. L. Long, Manson, Miller, Montgomery, Mitchell, Newton, Pettis, Pomeroy, Schattstaedt, Sciaroni, Sheldon, Stein, Tillman, Tupper, and J. R. Walker.

Lee S. Seward, director of the Tri-County Tuberculosis Hospital at Ahwahnee, presented an interesting and very instructive paper on "Errors in Diagnosis and Therapeutics in Tuberculosis." He said that the errors in diagnosis were largely due to careless physical examination. Many of the cases with cough were diagnosed as "heart cough" or asthma. Many of the old chronic cases of pulmonary tuberculosis take care of their infection pretty well, except for chronic cough, etc., but are a source of infection in the spread of the disease to others, especially children. The x-ray is a great help in diagnosis, but only an aid, and one cannot differentiate between an active and a quiescent lesion by the x-ray. The proper treatment for pulmonary tuberculosis is that type of treatment which promotes rest for the respiratory apparatus. The advice sometimes given to tuberculous patients to go to the mountains and "rough it" is very bad treatment. Likewise the undue forcing of foods is undesirable. Climate does not make as much difference as does the kind of treatment carried out, except that patients probably do better in that climate where they are most comfortable.

Numerous questions were asked, especially since Fresno County is contemplating additional means of taking care of its tuberculous patients. Seward gave a brief history of the Ahwahnee Hospital. He said that the cost per day per bed there was \$2.79. This was about \$1.36 more than the cost for such patients as taken care of at the various county hospitals. This additional cost was entirely for service rendered, no expense being spared to take care of cases at Ahwahnee. He said that Fresno County should have two tuberculous hospitals—one in the foothills for convalescents and a preventorium for children, and one in the valley for hopeless and advanced cases. He outlined a big program if the tuberculosis problem is to be handled properly.

Cross moved, Schottstaedt seconded, that a committee be appointed to investigate the advisability of erecting a tuberculosis sanitarium for Fresno County in the valley or foothills, and report by June 2. Carried. Ellsworth, Tupper, and Mitchell appointed.

The regular meeting of the Fresno County Medical Society was held June 2 at the nurses' home of the General Hospital. There were twenty-two members and six visitors present. Members—Aller, Anderson, Bell, Couey, Cross, Dau, Ellsworth, Ingram, Kjaerbye, Larson, Miller, Montgomery, Mitchell, Nedry, Nider, Pettis, Schottstaedt, Sheldon, Tillman, Tupper, J. R. Walker, and Wiese. Visitors—Dr. Tranter and members of resident staff of the General Hospital.

Dr. Ellsworth reported for the committee recently ap-

pointed to report on the proposed tuberculosis hospital for Fresno County. He stated that, due to lack of time, the committee wished simply to indorse the proposition of building a tuberculosis hospital, but that the matter of possible and desirable locations for the institution should be left for future consideration. He said that the committee wished to make a more detailed report later in the summer. The report was accepted.

President Anderson reported on several matters which came before the State Council recently at the Yosemite meeting.

Charles L. Tranter of San Francisco presented a paper on "Traumatic Surgery of the Nervous System," illustrated by lantern slides. Neurological surgery may be divided into two large classes: (1) Traumatic surgery, and (2) tumors of the central nervous system and neuralgias. The former are more common and are the subject of the discussion.

Tranter emphasized the cardinal and auxiliary symptoms in cases of head injury, and pointed out those cases which recovered without operation, those in which operation was imperative, and those which usually died anyway.

The methods of procedure, i. e., operations, as far as the brain is concerned, are three: (1) Repair of skull defects; (2) subtemporal decompression; and (3) removal of broken pieces of skull. He presented several cases of repair of skull defects with associated brain conditions, such patients either having epilepsy, or some other condition being present, such as aphasia. He showed slides demonstrating the use of the osteo-periosteal graft. The use of foreign substances to close defects is a thing of the past. He spoke of the importance of Cushing's method of subtemporal decompression in cases of increased intracranial pressure. He also said that most authorities now believe lumbar puncture is a harmless and valuable procedure in such cases, and should be tried before decompression is done.

Surgery of the peripheral nerves may comprise any one of five procedures: (1) Neurolysis, or the removal of scar tissue; (2) simple suture; (3) transplantation of nerve and suture; (4) resection of a partial neuroma; and (5) amputation of neuromata. Dr. Tranter discussed these different methods; also the technique of suturing, resection and stretching of nerves.

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MARIN COUNTY

Marin County Medical Society (reported by J. H. Kuser, secretary)—The May meeting was held at W. F. Jones' office. H. O. Hund, W. F. Jones, C. W. Clark, O. W. Jones, and J. H. Kuser present. The delegate to the State Association being absent, the purpose of the meeting—a report by said delegate, Dr. Rafael Duffy—could not be carried out.

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SACRAMENTO COUNTY

The Sacramento Society for Medical Improvement (according to the report of E. S. Babcock, secretary pro tem.) met at the Sacramento Hotel, May 26; thirty members present. The minutes of the previous meeting were read and approved.

Charles E. Schoff reported a case of psoriasis in a Chinaman.

The paper of the evening on "Fractures, Their Diagnosis and Treatment" was read by Frank P. Brendel. A large number of lantern slides showing most of the common fractures and many uncommon types, with both correct and faulty reduction, and proper and improper plating, were shown to illustrate his excellent paper.

Royal de R. Baronides and J. W. Wilson were elected to membership in the society.

Considerable time was given to reports of the state convention, started by Delegate C. B. Jones. A communication from Secretary Bert Thomas, further reporting the convention, was read by P. W. Christman. Dr. Parkinson, Councilor Eighth District, gave a resumé of the following subjects: Optional medical defense; permanent location for annual meetings; conflicts in schedule of section meetings; certification of delegates and alternates; Officers Reserve Corps; on choosing the site for the Bunell Memorial; income tax, as related to physicians.

SAN FRANCISCO COUNTY

St. Luke's Hospital Notes—The regular meeting of St. Luke's Hospital Clinical Club was held Thursday, May 14, J. Marion Read being the speaker of the day, and taking for his subject, "Prognosis and Choice of Treatment in Grave's Disease," his conclusions being based on an intensive study of one hundred cases seen by him during the past six years. Points brought out in discussion were: That diagnosis of this disease is easy, since basal metabolic determinations are obtainable almost anywhere, but since its etiology is still unknown, treatment still rests on an empiric basis; that it is about eight times more frequent in females than in males; that it has many atypical forms; that it often tends toward spontaneous recovery, which makes the valuation of therapeutic measures exceedingly difficult; that it is prone to run a cyclic course with periods of remissions and recrudescences; that its incidence is greater in goiter districts; and that there seems to be an irreducible minimum of mortality.

From a prognostic point of view, one may conclude that some patients will get well (the form of therapy employed receiving credit therefor); some will die, in spite of all therapy and some because of it; and there is a group in which therapeutic efforts may affect the ultimate outcome of the case to a slight extent. The metabolic rate is the best quantitative measure of the degree in which the condition exists. It is not possible to predict from the rate, however, the probable time limit of the disease.

This Clinical Club met again on June 11. The feature of the day's program was the practical demonstration by R. L. Dresel of an improved fracture bed. Dr. Johnson, superintendent of the hospital, in his preliminary remarks stated that for the past two years the hospital had been having a great deal of trouble with fracture beds; that for several months Dr. Dresel had been working on a standardization of fracture beds and splints, and that to-day he was prepared to demonstrate a bed that had been worked out under his supervision.

Dresel briefly outlined some of the difficulties encountered with the old fracture beds—they would not go into the elevators; they occasionally fell down while in use; they were expensive, from the standpoint of both equipment and labor; they had no permanent superstructure, whatever constructed when necessity arose being of a makeshift nature. He proceeded to demonstrate the strength and durability of the improved bed. He showed that it can be raised and lowered without disturbing traction; that it has a superstructure that will stay, and that it is not only a fracture bed but a foundation for many kinds of care. He went on to say that there had also been much difficulty with splints; they had been of all sizes and materials. Now they had been standardized and made to fit the bed; there were lengths to fit the children's beds, as well as the adults'. He closed his remarks with a request for criticism and for any suggestions for improvement that his audience desired to make.

St. Joseph's Hospital Notes—St. Joseph's Hospital staff, San Francisco, met June 10, A. S. Musante presiding, and heard Edmund Butler, chief emergency surgeon, speak on "Surgical First Aid," abstracted below:

"In a recent visit East the emergency service of many cities was observed, many of these being but the outpatient departments of the district hospitals, instead of independent departments. San Francisco ranks high in economy, promptness, and efficiency. We had 38,500 admissions last year, of which 29,500 were surgical.

Routine fundamentals for wounds are a careful exploration, mechanical cleansing without abuse of tissue, the removal of devitalized soft parts that are contaminated, judicious drainage, and the proper use of antiseptics, sutures and wet or dry dressings. Most are iodized and dressed with equal parts of glycerin and 95 per cent alcohol. Scalp wounds are inspected for foreign material. If the pericranium is torn, the skull is inspected for fracture, but the wound is not enlarged. In face wounds exact approximation, without wrinkling and angling, is obtained with sutures. Eyelid wounds must be handled gently and nicely approximated, to avoid bad scars. Fine round needles and horse hair and silk sutures are used and drainage with rubber tissue favored. In neck wounds, often suicidal, the mucous membrane of the pharynx is sutured with catgut, muscles with chromic and skin joined

so as not to impede drainage, which is placed in the angles and midline. Stab, gunshot and crushing wounds of the chest are generally treated expectantly. Primary shock is great, but the prognosis is good. Blood is not aspirated early, as the compressed lung reduces movement and favors clotting; if allowed to expand, secondary bleeding may occur. All openings in the pleural cavities are closed at once—at first with a sterile towel wrung out of sterile salt solution and then with figure-of-eight silk worm sutures, including muscles, fascia and skin. Abdominal stab, gunshot and contused wounds require intervention. Ruptured spleen is misleading, as primary shock and low blood pressure allow clotting to occur in the tear, but in six to ten hours the blood pressure increases, the clots are dislodged and secondary bleeding ensues, accompanied by slight abdominal pain and distention and polymorphonuclear leucocytosis. Leucocytosis occurs in all bleedings into serous cavities and soft parts, and may reach 50,000. Intraperitoneal rupture of the bladder does not cause alarming symptoms, and the pain is often ascribed to contusions of the abdominal wall, enteritis or, in females, to salpingitis. Intervention, if delayed, has a high mortality.

Injuries to limbs make up most of emergencies. Simple fractures are reduced as completely as possible without anesthetic and immobilized with cardboard. In compound fractures the skin is shaved and prepared to wound and the end of bones, if protruding, cleansed and iodized. Drains, glycerin and alcohol compresses and immobilization are utilized. In lacerated wounds, few sutures, free drainage and above compresses are used. Cut tendons are sutured at once, or if patient has a physician, latter is notified at once, the wound shaved, iodized, compressed, and splinted. Burns are treated with antipyraxol."

Dr. Alex Keenan praised the fairness of Dr. Butler's service towards doctors and the excellence and immensity of its growth.

Dr. Samuel H. Hurwitz spoke on the "Modern Treatment of Asthma," the following notes being stressed:

"There are two main causes of asthma—idiosyncrasy to certain substances (proteids) and infections. Real asthma is distinguished from the dyspnoea of cardiac, renal, and other diseases. The foreign proteid substances can be taken in by such methods as ingestion, inhalation or absorption, and produce asthma, hives, and eczema. Certain foods—even essential ones—and emanations from domestic and other animals are causes of trouble. The diagnosis can be made by rubbing into the skin or injecting (too sensitive) suspected substances or their extracts to note reaction. If a wheal, itching or redness develops, it is indicative of a positive reaction. The history may disclose hereditary manifestations in early life. The onset may be noted after certain occupations (hostlers, bakers, etc.) are entered.

The prognosis for desensitization is good if the asthma is not of too long standing. Some metabolic factor, like dysfunction of ductless glands, may need correction and diet, and other hygienic measures may be needed.

The infectious group of asthmas may be due to respiratory tract origin, especially the sinuses, gall-bladder, and occasionally the kidneys. Certain groups are often recognized, like that of children after many respiratory diseases, that after influenza and that following a long history of bronchitis. The infectious type of asthma often does well. Treatment is based on the bacteriology disclosed by a careful sputum culture. Vaccines from the organisms found are used; if several, inject each one and those producing the most reaction will generally clear up the condition. The autogenous vaccines are best. Fifty million are injected every five to seven days, and even larger doses are then used. Surgical aids in removal of pathology should be considered. Climate makes but little difference. Both desensitization and vaccine therapy are used if indicated.

In the attacks of asthma, adrenalin and morphine sulphate are best."

Drs. Philip Collischonn and F. A. Lowe presented case histories of purulent bronchitis and pre-eclamptogenic toxemia, respectively.

SANTA BARBARA COUNTY

The American Association for Medical Progress, Inc.—The Santa Barbara branch of this organization was addressed by Mr. Benjamin C. Gruenberg, managing director of the American Association for Medical Progress of New York, and Walter C. Alvarez, M. D., of San Francisco.

Many of our most prominent citizens have taken memberships in this organization of laymen, whose object is to disseminate as widely as possible authentic information regarding the fundamentals of modern medicine, including the methods of research by means of which reliable knowledge is obtained as to cause, prevention and cure of disease.

"Full use of our best scientific knowledge," says President Coleman, "is possible only with the support and co-operation of the public, but such co-operation depends upon an appreciation of what scientific medicine and research mean. Ignorance, apathy and superstition are a menace to medical progress and to the health of the people, not only in actual opposition to scientific methods, but in a failure to understand the scientific attitude. This can be remedied by continuous education, and our people may thus be guarded against quacks and charlatans."

Mr. George E. Coleman is president; Mr. F. F. Peabody, chairman Lay Advisory Board; and Miss Pauline M. Finley, secretary-treasurer of the Santa Barbara County branch.

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SONOMA COUNTY

Sonoma County Medical Society (reported by G. A. Hunt, secretary)—A joint meeting of the Sonoma, Mendocino, and Lake County Medical Societies was held in the hospital of W. C. Shipley in Cloverdale, Thursday, May 14.

J. H. McLeod of Santa Rosa addressed the meeting on the "Nasal Accessory Sinuses." Many lantern slides were shown which helped to make Dr. McLeod's talk interesting and instructive to the general practitioner, as well as to the specialist. A general discussion followed.

CHANGES IN MEMBERSHIP

New Members—Alameda County—E. J. Finnerty, G. M. Kennedy, Oscar K. Mohs, Abilio Reis, Oakland; J. Elliott Royer, Berkeley.

Kern County—Kenneth M. Cook, Taft.

Marin County—Homer E. Marston, San Quentin.

Orange County—William C. Bruff, Anaheim.

San Francisco County—James F. Runner, Frederick Eberson, George F. Oviedo, William A. Blanck, San Francisco.

Santa Clara County—Hugo Schmitt, Palo Alto.

Solano County—Durward B. Park, R. I. Longabaugh, Vallejo.

Sonoma County—James C. Johnstone.

Deaths—Bronson, Edith. Died at Yosemite National Park, May 26, 1925, age 38. Graduate of Johns Hopkins Medical School, Maryland, 1913. Licensed in California in 1913. Doctor Bronson was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Cline, John Welby. Died at El Monte, May 14, 1925, age 57. Graduate of the University of Colorado School of Medicine, Boulder, Denver, 1896. Licensed in California in 1913. Doctor Cline was a member of the Los Angeles County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Horel, Francis R. Died at Arcata in April, 1925, age 74. Graduate of Rush Medical College, Illinois, 1885. Licensed in California in 1891. Doctor Horel was a member of the Humboldt County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Obituary

EDITH BRONSON

The recent death of Doctor Edith Bronson, Assistant Professor in the Department of Pediatrics of the University of California Medical School, takes from the medical profession of California a woman with exceptional training and brilliant attainments in the field of research. Born and educated in Vermont's schools and academy, she took her A.B. degree from Syracuse University and entered the Medical School, where although a classical student, she won her master's degree in zoology and chemistry. Her scientific interest in research determined her entrance at Johns Hopkins University, and in 1913 she won her M.D. degree there. Her first internship was in the Children's Hospital in San Francisco, 1913-1914. Her second internship was in the New York City Children's Hospital in 1914. With the war came that call to go overseas and serve with the countries already bearing the burden. Doctor Bronson went first to the Hospital for Sick Children in Edinburgh and during 1915-1916 served as a resident. While there the association with Dr. John Thomson and Dr. J. S. Fowler enriched and broadened her scientific work and earned for her the friendship and interest of these leaders in the field of modern pediatrics. 1916-1917 found Doctor Bronson a resident in the Children's Hospital at Paddington Green, London, and the following year a resident in the Children's Hospital at Pendlebury, Manchester. The war children with their bitter needs flowing from the great munition plants in the heart of industrial England drew from Doctor Bronson her finest and best. She worked with an intensity that left its mark upon her fine sensitive spirit. In 1918 and 1919 she became one of the outpatient physicians in the famous Children's Hospital in Great Ormond street, London, where again her association with such leaders as Sir James Mackenzie, Dr. Leonard Guthrie, and Dr. G. Sutherland brought fresh devotion to her work and won for her the respect and admiration of her chiefs. Late in 1919 Doctor Bronson returned to her work at the University of California Hospital and the Children's Hospital, where the brilliancy of her mind, the fineness of her spirit, the true discriminating sense of values in her work brought instant recognition. The study of heart conditions has been her major interest for a number of years and her contribution to the subject had already been noteworthy. "Nodules," "Fragilitas Ossium," "Aneurysms in Childhood," "Influenza Associated with Jaundice," "Physiotherapy in Heart Disease," are some of the published articles that firmly establish Doctor Bronson's place in research. Her death at the early age of 38 leaves the medical profession in California poorer and takes from the group of women physicians in Northern California one who brought to her work an enviable training and distinction.

Endameba Coli—Sixteen cases in which endameba coli (councilmania type) was found by J. H. Hall and A. C. Reed, San Francisco (Journal A. M. A., June 20, 1925), are here reviewed as to clinical history. The complaints and symptoms were more or less variable and indefinite, in many comprising a picture usually described as neurosthenia. The most frequent reports were of epigastric discomfort, flatulence and constipation, not accounted for by the presence of any discoverable organic lesion of the digestive tract. All patients had, as a routine, physical examination, history, blood count, Wassermann test, urinalysis, gastrointestinal roentgenograms, stool analysis and, frequently, gastric content analysis. Other group symptoms were even less definite, as general debility, fatigue, vertigo, neuralgic pains and physical discomfort. Most of these patients were middle-aged men. A routine treatment was used in this group similar to that employed against E. histolytica.

MURPHY MEMORIAL HOSPITAL AT WHITTIER AGAIN

The astounding developments growing out of the giving, building, and maintaining of the Murphy Memorial Hospital at Whittier, California, by Colonel Murphy have been commented upon in CALIFORNIA AND WESTERN MEDICINE and "Better Health," several times, and these comments have been widely reproduced in both scientific and more public literature. The outstanding facts are that Colonel Murphy had designed and built an unusually beautiful hospital at Whittier as a memorial to his father. Considerably more than a third of a million dollars was spent in construction alone. At the same time the benefactor made provision for doubling the size of the hospital later on again at his expense, and included a bequest in his will of \$200,000 as an endowment in perpetuity to take care of citizens of the community who would not be able to pay the cost of good hospital service.

Colonel Murphy then entered into negotiations with the authorities of the city of Whittier by which he donated the hospital to the municipality under certain conditions. The outstanding feature of these conditions was, that the hospital was always to be maintained as a "Class A" hospital. This document was duly and as legally executed as it is possible to do, in dealing with our small town governments. The trustees, in carrying out the requirements for a first-class hospital insisted, as is required by the American Medical Association, American College of Surgeons, and all other good medical organizations, that none but educated doctors of medicine be permitted to practice in the hospital. This procedure aroused the ire of the many classes of cultists and those who do not believe in medicine at all as well, and through the usual legal machinery they brought the question to a vote of the people of the municipality. The cultists, aided, we are sorry to say, by a few licensed physicians, succeeded in carrying the election, the result of which was to treat the benefactor, who is still living, with discourtesy, to express it mildly, and to treat the official legal paper of the municipality as a proverbial "scrap of paper." This action opened the hospital to all and sundry.

The next stage in the development of this debacle was that Colonel Murphy, through his attorneys, made preparations to enter suit to declare the original trust void because of abrogation of contract on the part of the city, and demanded the return of his property to his estate. In the meantime, Colonel Murphy's health continued to fail and the lawsuit was given up and has now been withdrawn, and with that withdrawal the benefactor has deleted the \$200,000 endowment which had been included in his will, and has otherwise amputated himself from the situation in the following letter:

"May 23, 1925.

Board of Trustees of the City of Whittier,
Whittier, California.

Gentlemen—Receipt is acknowledged of your letter of May 18. I cannot appreciate or agree with your position. I am addressing this final letter to you in order that the records of the city may clearly show that I do not concur with or acquiesce in the statements contained in your letter, or the manner in which you propose to operate the Murphy Memorial Hospital.

Your attitude absolutely ignores the condition in the original deed of gift that the hospital should be always maintained as a Class A hospital: namely, as a standardized hospital according to the high standards of the American Medical Association and the American College of Surgeons. It also ignores the absolute promise of the city (contained in the resolution of acceptance by the Board of Trustees of the city of my offer to build the new wing) that the hospital should always be maintained according to the high standards then established, which the records of the hospital show were exactly those of a Class A hospital, as above defined. I am convinced that the city is both morally and legally obligated to maintain these standards, and, had my health permitted me to continue my case against the city until it could have been tried upon its merits, I feel confident that the court would have so decided.

Common honesty and fair dealing require the city to

maintain the hospital according to these standards, even though the city were not already legally bound to do so. Such being the condition of the gift, I do not believe that there is any merit in your claim that the law of the state of California requires you to do anything other than to live up to the terms and conditions of the gift, which permit anyone to practice in the hospital who has the requisite educational and ethical qualifications to practice in a standardized medical and surgical hospital.

Unless the hospital is maintained as a standardized hospital (which it will not be if practitioners licensed to practice any method of healing, or who are unethical in their practice, are admitted to its staff), the reputation of the hospital will rapidly dwindle and the people of the city of Whittier will not receive the high type of modern hospital service which it should have and which I intended to give it.

It is because of the attitude of the present officials of your board and of the present board of hospital trustees in lowering the standards of the hospital and in ignoring the city's agreement with me that I have lost my former keen interest in the hospital. It was because of such attitude, and because of my recent poor health and an expected trip to my home in Charleston, West Virginia, that I dismissed the suit against the city, without prejudice to my rights as donor. Because of such attitude I feel that not only the money invested by me in the hospital is a loss, but that the hospital will no longer be the kind of a memorial to my beloved father and mother which I intended it to be. So I have caused their pictures to be removed from the hospital.

My views have been so clearly set forth in this and my prior communications that there ought not to be the slightest misunderstanding as to my position, and as far as I am concerned, please let this letter finally close the matter. For these reasons, and because of my health, I do not desire any further discussion of the subject either by letter or interview.

Yours respectfully,

(Signed) SIMON J. MURPHY, JR."

Doctor H. P. Wilson, the personal physician and the personal friend of Colonel Murphy, who took such an intense interest in advising Colonel Murphy constantly in the various steps by which he had hoped to create a fine hospital to serve a small community, in forwarding the above letter from Colonel Murphy, says: "There is a distinct element among the best people of this community who are chafing under this thing and who still hope that the hospital may be restored to its former dignified status."

Needless to say that this hospital, at one time so full of promise, will not succeed in obtaining accredited standing before medical bodies until some assurance of the right kind of stability has been pledged and practiced under this pledge for a sufficient length of time and with earnestness of purpose and that kind of municipal regard for obligations not heretofore manifested.

This matter is given thus fully because it is no longer a little local problem for a small community in California, but has reached around the world in the news columns and editorial comment as one of the outstanding shames in modern health betterment.

WESTERN BRANCH AMERICAN UROLOGICAL ASSOCIATION

This organization held a meeting in connection with the session of the California Medical Association in Yosemite. The members were notified of the adoption of the new constitution.

The officers elected for the ensuing year were George Hartman, chairman; Anders Peterson, secretary; Louis Clive Jacobs, vice-president; J. C. Negley, treasurer.

A resolution recommending the holding of a special scientific meeting in San Francisco, either in October or November of 1925, was adopted. The following papers were presented:

"Bladder Disturbances and Lesions of the Nervous System"—Leon Meyers.

"Surgery of Tumors of the Bladder"—Verne Hunt.

"Carcinoma of the Urachus"—Paul Ferrier.